V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Unite Urindel	CERTIFICATE OF DEATH  Registration Dist. No. 2
	Village or City Millenville (No.	St.: Ward) (If death occurred in a hospital or institu
	2FULL NAME Att	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from I 1920 1 to Jun 3 3 1920 ( that I last saw h alive on 1920 1920 1920 1920 1920 1920 1920 1920
	7 AGE  If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	
	business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
.	9 BIRTHPLACE (State or country) maryland	Secondary  (Duration)  (Duration)  (Duration)  (Duration)
	10 NAME OF Shu afting	(Signed) (A Hommont M. D.  M. D.  Jan 2 & Frank M. D.  (Address) Jessup Ind.)
	OF FATHER Z (State of country) maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Thyrite Crosby	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
-	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death yra mos, ds, State yrs ds, ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) John Aftung  (Address) Millersville A.A.	usual residence
-	Filed /47, 199/ Boggitrar	Ad UNDERTAKER ADDRESS Wyligens Son. Wylesburg
	If more bianks are needed, address ctate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicion, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, .s At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefini e salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer con mone, even the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (in or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIX-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Always qualify all " etc.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT BINDING WITH UNFADING INK--THIS IS A PERMI MARGIN RESERVED FOR WRITE PLA

V. S. No. 1

PLACE OF DEATH	UCOS5 STATE OF MARYLAND
County A	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City amabelia (No. Energe	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LULAY 192 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
E 2/ 193/	192 . to . , 192 . ,
(Month) (Day) (Year)	that I less naw haliye on/, 192
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
a) Trade, profession or	- Andrews - Andr
particular kind of work	J. J
(b) General nature of industry business, or establishment in	(Durstion) yrs. mosds.
which employed or (employer)	
9 BIRTHPLACE (State or country) amapolis mil	Contributory Secondary  (Burstion)  (Burstion)  (Burstion)
10 NAME OF Poleet Baleman	(Signed) (Address) Adda (Address)
US (State or country) St man x Cs m	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Ethel lows	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Singinia	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Poleut Baleman	Former or usual residence
(Address) Piva a a co. ml.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL au 21-, 18
15 Filed Jan 2/ 1923/ Jayle C. Joy or Ma	Do UNDERTAKER  ADDRESS  Amapolis  Amapolis
	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
II line brenza eta madadi aranan	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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No. 1

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of occup

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	OF DEATH	mdrl
Village or City		
2FUI	LL NAME WALTER	ter a S
PERSON	NAL AND STATIST	ICAL PARTICU
s sex	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCED
	.00,000	(Write the word)
DATE OF BIR	тн	
	December	30
	(Month)	(Day)
AGE		

00086

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

00	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)		
	MEDICAL CERTIFICATE	OF DEATH		
2	16 DATE OF DEATH			
-	0	, 192		
		(Day)/75/ (Year)		
	17 I HEREBY CERTIFY, That 1 att			
	192 . to US	192		
r)	that I last saw halive on	, 192,		
nan	and that death occurred on the date stated	above, atm,		
nrs.	The CAUSE OF DEATH * was as follows:			
n.?	Pitologia	)		
	June survey ou se	<u>ugun</u>		
	Jampe XIII en	<i>I.S.</i>		
	Instant (Duration)			
	ContributorySecondary			
	(Duration)			
	(Signed) ho Estriho Hismae	1 Cogrusse M. D.		
-	Jan 11 1923/ (Address) Odeh	elen. Md.		
	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether		
	18 LENGTH OF RESIDENCE (For Hospit	tals, Institutions, Trans-		
ients or Recent Residents)				
		eyrsds.		
	Where was disease contracted, if not at place of death?	·		
	Former or usual residence			
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
	St. Michaels, Glen Lyon, Pa.	Jan. 15 , 19 31.		
	20 UNDERTAKER	ADDRESS		
US.	A Lloyd Kaiser	Laurel, Md.		

1.902 (Yea IIILESS th

1 day (28) Q mos.

OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in U. S. Army which employed or (employer)

9 BIRTHPLACE (State or country) 10 NAME OF

11 BIRTHPLACE OF FATHER Poland

ENTS (State or country) 12 MAIDEN NAME C PA OF MOTHER

(State or Country)

Anna Jundziejoski 13 BIRTHPLACE OF MOTHER

THE BEST OF MY KNOWLEDGE

Filed Jan. 12/31 192

Poland

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DISL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; approved Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.

V 3. No. 1

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1	N. B Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact		
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	Ite	9	me	
	ery	Z	statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	ACOST STATE OF MARYLAND
County a. a. County.	CERTIFICATE OF DEATH
	Registration Dist. No. 26
Village or City Churchitm - (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Body Gil A	Blund stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Largu	16 DATE OF DEATH    1   3   193
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, atm,
Stellbon   I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds,
9 BIRTHPLACE (State or country) a - a. Counts-	Contributory Secondary (Durstion) yrs
10 NAME OF Gerelibald Blent-	(Signed) E wily C. Hammand, M. D.
of FATHER Z (State or country) Q . Q . Country	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Eugenia Dudles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  A - A. County -	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Mahie Blunk (Address) Gurchlini Mu	19 PLACE OF BURIAL OR REMOVAL  Tranklin Comety  20 UNDERTAKER  DATE OF BURIAL  Appress  Appress
Filed an 14 1981 Su Duch M 1) Registral	Richard Scott Shady Irdene
lf more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process of mine, etc. Wom-laborer, Farm loborer, Loborer—Cool mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servon, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plonter, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a For persons who have no occupation single word or term on from

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and eausation), using always the same accept. Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respect ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, teldrus) may be stated under the head of "contributory." Capproved by Committee on Nomenelature American Medical Association.) carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonocum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Lacident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; ," "Convulsions,

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V. S. No.

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Vil	lage or City	2011	ev, Ma	(No	-
	2FUI	L NAME	Chris	stiana	Bouy
	PERSON	IAL AND	STATISTI	CAL PART	ICULA
	female	4 color negi	OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORG (Write the w	CEDINA
6 1	DATE OF BIR	тн		( HILL THE H	Oldy
			pril (Month)	4 (Day)	
			(Intollell)	(203)	
B (	DCCUPATION a) Trade, proparticular kind	ofession or d of work	dustry Hou	mos. 7	[lf]
B ()	occupation a) Trade, proparticular kind b) General natural nat	ofession or d of work ature of ind stablishmen ed or (empl	dustry HOU t in oyer)	mos. 7	[lf]
B ()	a) Trade, proparticular kind b) General na business, or es which employe	ofession or d of work ature of ine stablishmen ed or (empl	dustry HOU t in oyer)	nos. 7	[lf]
9 E	DOCCUPATION a) Trade, proportion of the proporti	ofession or d of work ature of ind stablishmen ed or (empl	dustry HOU t in oyer)	nos. 7	[lf]
ARENTS A	DOCCUPATION a) Trade, proportion of the proporti	ofession or d of work attree of inestablishmen ed or (emplorementy) Md  F  Rober  ACE  ER  COUNTY) M	dustry Hout in oyer)	nos. 7	lf lads. or
B C (h v 9 E )	DOCCUPATION a) Trade, provarticular kind b) General na susiness, or es which employe BIRTHPLACE (State or cou 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH	ofession or d of work attree of investablishmen ed or (emplormenty) Md  F Rober ACE ER country) M NAME ER C	dustry Hout in oyer)	nos. 7	lf l or

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### STATE OF MARYLAND CERTIFICATE OF DEATH

1880 (Year) [If LESS than I day hrs

or min.

Registration Dist. No. 21

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
January II	, 19 <b>2</b> I
	(Day)(Year)
17 I HEREBY CERTIFY, That I a	attended the deceased from
July 1929 to Ja	anuary 1923]
that I last saw her alive on Janua	ary 3 . 19231
and that death occurred on the date stat	ed above, atn
	chronia nonh.
Arteriosclerosis and	warrowre mebuti
**************************************	· •1200 · •2 · • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·
at least 3 years	
at least 3 years uration)	
Contributory Cerebral h	
	suddend
(Duration)	1-
Olgned/	
I-II 193I (Address) Pasa	dena. Md.
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
B LENGTH OF RESIDENCE (For Hosients or Recent Residents)	
	he stateyrsmosd
Where was disease contracted, f not at place of death?	······
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Magothy Cemetery	I-14 , 13I
20 UNDERTAKER	ADDRESS
W. Brown	Baltimore,

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"('Inanition,') "('Marasmus,') "Old Age,') "Shock,"
"('Uraemia,') "(Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not ment; it should be used only when needed. examples: (a) Spinner, (b) Cotton mill; account of the disease Causing Death, state occuoccupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on gainfully employed, as At school or At home. Care should be taken to report specifically the Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form an additional line is provided for the latter state to know (a) the kind of work and also (b) the nature of the business or industry, and therefore especially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, respective of age. For many occupations a single The question applies to each and every person, ir occupation is very important, so that the relative pation whatever, write None. business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation at beginning of illness. If retired from without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. word or term on the first line will be sufficient, healthfulness of various pursuits can be known. Statement of Occupation.—Precise statement of Day AS

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia" ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name ori-

CIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Point and Accident in the such as t consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommen-dations on statement of cause of death approved stated unless important. Example: Measics (disease causing death), 29 ds.; Broncho-pneumonia nature of the injury, as fracture of skull, and soned by carbolic acid-probably suicide. MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent deaths state tis," etc. as "Puerperal septicemia," "Puerperal peritoni-"Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conondary or intercurrent) interstitial nephritis, etc. Medical Association. by Committee on Nomenclature of the American ing cough, chronic valvular heart disease; Chronic mor" for malignant neoprasius); Meastes; Whoopgin "Cancer" is less d (secondary), 10 ds. Never report mere symptoms State cause for which surgical operaaffection need not be The contributory (secavoid use of "Tu-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
FEB 7 19	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
BUREAU	July5,1927	Peritonitis	3 days ago
	/		
f importance:		Other contributory causes of importance:	
	May 1,1923	Gostroenteritis	1 year
	ws	h and related causes Date of one was FEB 7 19 1915 1921 1921 BUREAU July5,1927 of importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	06091 STATE OF MARYLAND
County W-WCo	CERTIFICATE OF DEATH
Village or dity Innap to (No.	Registration Dist. No.  Ward)  (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME	Manufers stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole 4 COLOR OR RACE SINGLE, MARRIED, MODIVORCED (Write the word)	16 DATE OF DEATH /~ 26-, 183/ (Month) 26 (Day) / 73 (Year)
6 DATE OF BIRTH Unknown, 1	I HEREBY CERTIFY, That I attended the deceased from  14 - 1980. to - 26 - 102 / 102
7 AGE Clear (Month) (Day) (Yesr)  17 If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Caremona of Herris  (Duration) yes mos 44 ds.
9 BIRTHPLACE (State or country) W W W	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER MANGUELL	(Signed) 192/ (Address) 35 Callrent M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or Country) Unknown	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Informant) Almand (Informant) (Address) mad Institute	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan 29 1923/ Juff C. Friggs	20 UNDERTAKER ADDRESS THUS
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons enfulness of various pursuits can be known. The questired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, ;" etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Spinal meningitis"); Diphheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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121155 65 25151	GGGSZ
PLACE OF DEATH	STATE OF MARYLAND
County M. VI	CERTIFICATE OF DEATH
hear 1	Registration Dist. No. 22
Village or City essura (No.	St.: Ward) (If death occurred in
(19/1/0	l hospital or institution, give its NAME in stead of street an
2FULL NAME Mant Cla	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Wale White WIDOWED, OR DIVORCED	Jan. 13= , 1981
(Write the word)	(Month)(Day)(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan. 13., 1931	192 . to , 192
Month) (Day) (Year)	that I last saw h
7 AGE If LESS tha	
yrs. O mos. O ds. or O min	
BOCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds
9 BIRTHPLACE	Contributory Steep - Les La Lagra &
(State or country)	Dystraha (Durstion) mos. ds.
10 NAME OF FATHER LEAD A COLD BLANK	(Signed) Thank thipley M. D.
Roman Kill	- 1/13/31 192 (Address) Savogts, Ind
Υ 11 BIRTHPLACE OF FATHER	ACCUSANT DISTRIBUTION DOLLAR TO ANALYSIS AND ANALYSIS ANA
OF FATHER Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Thank Thas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
11. 21.	Former or usual residence
(Informant) Verman Inay	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jessey, Md.	Those from vear desarts 1/14/301
15 14th 2 Valla Julians	20 UNDERTAKER ADDRESS
Filed an 7 193/ Clary M. Och	Herman Thays, a this learned had
If no him has a said all for Paris	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more planks are needed, address btate Kegistr	at to me satisfied one parton treducating to se fine at

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material engineer, Grocery;

Statement of Cause of Death—Name, first, the Disabase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrotypinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease stated unless important American Medical Association.) approved by Committee (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUMY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic Example: Measles (disease on Nomenclature of the chopneumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart Measles; disease; not be

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EB 6 19:

Exact

	PLACE OF DEAT	гн		
	County amu		roles	
	10	1		
Vili	lage or City	Men	(No.	289
	2FULL NAME	70	sofk	Coa
	PERSONAL AND	STATISTI	CAL PARTIC	ULARS
35	de W	A Le	MARRIED WID WED OR DIVORCE (Write the wor	-jle
6 0	DATE OF BIRTH		(Write the Worl	
		(Month)	leusebo	v, 1875
7 A	d's yrs.	·	nosd	If LESS than I dayhrs.
W.W.	a) Trade, profession or articular kind of work	m	ercho	nt .
Y)(I	b) General nature of ind usiness, or establishment which employed or (employed	lustry in	margh	and
9 6	(State or country)	aller	nose	
	10 NAME OF FATHER	or for	Co	ach
ENTS	OF FATHER (State or country)	B	sherre	0
PARE	12 MAIDEN NAME OF MOTHER	lan	the V	wood
	13 BIRTHPLACE OF MOTHER (State or Country).	Bo	herrie	r enge

00093 STATE OF MARYLAND CERTIFICATE OF DEATH

10	Registration Dist. No.
Deslevier	St: Ward) (If death occurred in a hospital or institu-
NAME Joseff Coa	tion, give its NAME is stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINCE MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 , 192
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192, 192,  that I last saw h Leslive on 192,
yrsmosds.   If LESS than   dayhrs. ormin.?	and that death occurred on the date stated above, at
ssion or Merchosses from the work me of industry blishment in or (employer)	Colinsonary Cada
or (employer)	Contributory Secondary
" Ballinge	(Duration) yis mos de.
Bolemia	(Signed)
attenute Troop	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
untry) Bohemia	At place of deathyrsmosds. in the Stateyrsmosds.  Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Slem Curmie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LISTER Resolution 1 9 , 1931
7 By Jun Nleus fe	20 UN DERTIKER Povach Ball Sug
If more beanles are needed, addre s tate Kegistra	r, 16 W. Saryoga St., Balto., Requesting V. S. No. 1.

S. No. 1

B

(Informant)

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Filed

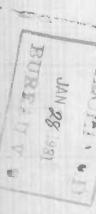
(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISERY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal feber (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Measles;

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PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforstated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRYTE

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### STATE OF MARYLAND—CERTIFICATE OF DEATH

	County	a.,	a.			Registration Dist. No.
	Village or (		or town where	death occurred		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. F	ULL NA	ME S	back	el Co	alis	( Camilla (Pinkney)
	(a) Resider	nce: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	X	4. COLOR	OR RAGE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH (Month) (193) (Year)
HL	erried, widow ISBAND of r) WIFE of	ved, or divorce	ed			22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE 7. AGE	Yea	(month, day, e	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. 10.	SAWYER Industry or work we SAW Mil Date deceas this occu year)  THPLACE (ci	ission, or part work done, as , BOOKKEEPE business in w s done, as SIL LL, BANK, etc led last worke pation (monti- ity or town) nfry)	rhich K M L ed et n and	spa	ime (years) ntin this upation	Other Contributory Causes of importence:
		E (city or town	1)	" J D	nknei	Name of/operetion Dete of Was there an au opsy?
16.	(State of	E (city or town r country)				23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BUR		TION, OR RE		Date	, 19	Manner of injury
	DERTAKER (Addiess)					24. Was diseese or injury in any way related to occupation of deceased?
20. FILE	D	, 19			Registrar.	(Signed) M. [ (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Péritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County, 4	(I-a) CERTIFICATE OF DE
	Registration Dist. No.
Village or City annopolis (No. 5meyline	St: Ward) (If death a hospitation, give stead of
2FUIL NAME Track Corago	stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Dring Ce WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH Ou. 27
6 DATE OF BIRTH	[ (Month) (Day)
Jan. 23 1928	Jou 14 3/. 10 Jan 7
(Month) (Day) (Year)	that I last saw h malive on 2
7 AGE   If LESS that   I dayhr	S. The CAUSE OF DEATH * was as follows:
yrs. // mos. do. or min	
B OCCUPATION (a) Trade, profession or clied.  particular kind of work	V homonia, E
(b) General nature of industry business, or establishment in	(Duration) yts.
which employed or (employer)	Contributory
(State or country) Mary Cand	Secondary Ja Durston yrs
10 NAME OF FATHER Trunk Corago Su	(Signed) J.D. H. F. Cond.
OF FATHER	*State the Disease Causing Death, or, in d
Z (State or country) U hele nue	Violent Causes, state (1) Means of Injury and ( — Accidental, Suicidal or Homicidal.
of MOTHER Mary Mayers	18 LENGTH OF RESIDENCE (For Hospitals, Institution in a recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. Ads. State yrs.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, of home
Occasion Mariante	Former or 109 King Glorge St. ann
(Informant) Mary Coracy	19 PLACE OF BURIAL OR REMOVAL DATE O
(Address) ambfolls on	Word Cemely Jan
15 Filed Jun 24 1923/ Gray L. C. Sugar In Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

PLACE OF DEATH

### GC054 STATE OF MARYLAND CERTIFICATE OF DEATH

Reg	istration D	ist. No.	21	
St:	Ward)	(If death a hospital tion, give i stead of number.)	or inst	itu-
****************				

16 DATE OF DEATH	Jan	. 22	, 192	3/
	(Month			
Jan 14	ERTIFY, Tha	t I attended	the decease	d from
that I last saw h	live on	Can	22,	183/
and that death occurred	on the date	stated above	at 9/	m.
The CAUSE OF DEATH				
			,.	
One	mo	ua,	Drn	icho
		"		
		**********************	***************	0
	(Duration)	yrs	mos	ds.
Contributory Secondary	Ju	ppe:	mos. L	3 de.
(Signed)	SH. Address) W	# Con	de Jus	M.B.
*State the Diseas Violent Causes, state Accidental, Suicidal or I	se Causing			rem
18 LENGTH OF RESID		Hospitals, I	nstitutions,	Trans-
At place of deathyrsmos.	Hds.	In the State	rsmos.	ds.
Where was disesse contractiff not at place of death?	ed, at h	ome		
Former or 109 King	George	St. as	inspe	lin
19 PLACE OF BURIAL C	R REMOVAL	/ba	TE OF BUR	IAL
Woval Con	uely	Ja	u 24.	199/
A UNDERTAKER	/	1/400	DECC	

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Streement of Cause of Death—Name, first, the DIS-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County G. G.	00095 STATE OF MARYLAND CERTIFICATE OF DEATH
	82-2 Registration Dist. No. 21
Village or City Sunapolis (No. Emurge 2FULL NAME Joseph Wille	Ward)  ### Duvoll    Continued   Ward   (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married White Single, Married or Divorced (Write the word)	16 DATE OF DEATH 3 , 193/ (Month) (Day) (Year)
Cet 16 (Month) (Day) (Year)	17 Ou 3 1981 to flux 3 , 1981.  That I last saw h was alive on flux 3 , 1981.
7 AGE 62 mos. 27 ds. lfLESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Petired Grocery Russus particular kind of work (b) General nature of industry business, or establishment in	(Paration) / Tre mos 2 de
which employed or (employer)  BIRTHPLACE (State or country)  (State or country)  (State or country)	Contributor Albert Nyketrones Secondary (Dursting yrs mos de
10 NAME OF Sumus Herson Durall	(Signed) M. D.
OF FATHER (State or country) Q, Q, Co, Nyd,	*State the Disease Causing Death, or, in deaths from Violent Causes, etate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matilda Brewer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  G. G. Co 244	At place of deathyrsmosds. In the State 62 yrs 2 mos 2 ] ds. Where was disease contracted,
(Informant) Mig China M. Parks.	Former or usual residence fucuskless M. Assumption M. dansapali M. d. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Churapolis 24th	At Comis Cent Gary 6, 1939
15 Filed Jun 5 19231 frage & for ce k	John My Jaylor Unicolis
If more bianks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 9

Statement of Cause of Death—Name, first, the DIEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

N. B.--

	PLACE OF DEATH  County A.A.  lage or City Annapolis (No.Maryland Av.  2FULL NAME Julia Rebecca Duvall	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  We. Hanover St st.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
зs	MARRIED, WICOW WIDOWED.  White Write the word)	16 DATE OF DEATH (Watery 24, 198/ (Month) (Day) (Year)
7 A	December 25 , 1 849  (Month) (Day) (Year)  GE	The CAUSE OF DEATH * was as follows:
(a pa (b bu	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary
ENTS	10 NAME OF FATHER David Bain  11 BIRTHPLACE OF FATHER (State or country)  Va.	(Signed)
PARE	12 MAIDEN NAME OF MOTHER UNKNOWN  13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 7	(Informant) Mrs. Maude Duvall West  (Address) Annapolis Md.	Where was disease contracted, if not at place of death?  Former or usual residence

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Disame Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymulfever (the only definite synonym is "Epidemic cerebrosyinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ., (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be

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should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISLASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House (a) Foreman, (b) Automobile factory. Housemaid, etc. If the occupation has been chauged Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The material

whatever, write None.

Statement of (ause of Death—Name, first, the precent to time and causation). using always the same accepted to time and causation). using always the same accepted to the to the tame disease. Examples: Cerebrosphial fever (the only definite symptoms is "Death—Name, first, the precent to time and causation). using always the same accepted the control of the tame disease. Examples: Cerebrosphial of the only definite symptoms is "Death—Name, first, the present the same acceptance of the same disease. Examples: Cerebrosphial of the only definite symptoms is "Death—Name, first, the present the present the same acceptance of the same disease. Typhoid fever (never report "Typhoid pneumenia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cercura Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> symptomatic), "Atrophy," "Collapse," "Coma," "Con-vulsions," "Debility" ("Congenital," "Senile," etc.) ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); myes. peritonaeum, etc., Caremona, Sareoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiscases resulting from childbirth or miscarriage as can be ascertained as the cause. "Dropsy" "Exhaustion" "Leart failure," "Hacmor rhage," "Inautition." "Marasmus," "Old Age," "Shock," conditions, such as causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. vulsions," (secondary or intercurrent) Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbotte acia-probably suicide. train-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weeknes.," etc., when a definite discase Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Accidental divarning; Struck by railwoy Chronic valvular heart disease; "Asthenia," "Anaemia" Example: Measles affection need not be Always qualify all The contributory "Coma," "Con-Committee on Meastes; terminal The na-(merely (second-(disease etc.

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N. B.-

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(S)
County L. C.	Registration Dist. No.
Village or City Trus	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
9/17	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infort fulled	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) / (Oay) 26 (Year)
5a. If marriad, widowed, or divorced HUSBANO of	(Month) / (Oay) 2 6 (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	
1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	we're as follows: Oate of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11 Total time (years)	
this occupation (month and spent in this	
yaar) occupation	Other Coatribatory Causes of Importance:
12. BIRTHPLACE (city or town) The The William (State or country)	
E C C C 72.1	2
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIOEN NAME Sallie Currel	What test confirmed diagnosis? Was there an autopsy? 12
15. MAIOEN NAME Sallie Currel  16. BIRTHPLACE (city or town) a. G. G. M.	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT at Feeter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Family Carry Bate Jan 28, 193	
19, UNDERTAKER Jas, Feette	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	It so, specify / / / /
20. FILED Jun 78 1931 Jan 6 C Jan Ce	(Signed) (A) Ord M. D.
Registrar.	(Address) - dustables the
If more blanks are needed androse State Register	av 24. N Charles Street Relimons Promotion 7/ C No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (if death occurred in a hospitai or institution, give its NAME In-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) That I attended the deceased 6 DATE OF BIRTH (Year) (Month) and that death occurred on the date stated above, at If LESS than 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in 2 importa which employed or (employer) Secondary MARGIN 9 BIRTHPLACE (State or country 10 NAME OF DO 10 Shot (Address) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from OF FATHER (2) Whether ENT (State or country) CAUS TIO 12 MAIDEN NAME Hospitals, Institutions, Trans-18 LENGTH OF RESIDENCE (For state SCUP/ ients or Recent Residents) CCUI 13 BIRTHPLACE In the At place OF MOTHER of death .....yrs ......mos. ..... Where was disease contracted, if not at place of death?... usual residence If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.--

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	PERSO	NAL AND STATIST	ICAL PARTICE	JLARS	MED	ICAL CERTIFI	CATE OF	DEATH	
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	TE OF BIR	March (Month	4	, 1870 (Year)	Jan 3.0	BY CERTIFY, TI	hat I tond	led the dece	
7 AG		60 yrs. 10	mos. <u>27</u> de	If LESS than I day hrs. or min.?	The CAUSE OF DE	1/	to stated ab	lices	a,
8 00	CUPATION								
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Every

No

	PLACE OF DEATH	UU
C	ounty and trundel 10	(i-a)
Ville	age or City Brookly Park (No. 14	Third
	2 FULL NAME Stephen Gina	ritis
	PERSONAL AND STATISTICAL PARTICULARS	
3 S	Mute   5 SINGLE, MARRIED, Manuel White   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE
8 D.	ATE OF BIRTH	7
	(Month) (Day), J	that I last
AG		The CAUS
(b)	CCUPATION  1) Trade, profession or Sailor  articular kind of work  1) General nature of industry  usiness, or establishment in  thich employed or (employer)  IRTHPLACE  (State or country)  Lichuauia	Contrib
co.	10 NAME OF Stepsher Charles & insity	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Lithuania	Violent Acciden
PAR	12 MAIDEN NAME OF MOTHER not known	18 LENGT
	18 BIRTHPLACE OF MOTHER (State or country) Lithuania	At place 3 of death
4 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was d
	(Informant) Marie Simaitis	Former or usual residen
	(Address) 14 - 3rd ave Brooklyn XX	19 PLACE
5 F	Filed Jan - 3/ 193) Callwell Woodruff Registrat	20 UNDER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. -

..... Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDIONE CENTILIONIE	OF DEATH
16 DATE OF DEATH	
January	28 , 193/
(Month)	(Day) (Year
17 I HEREBY CERTIFY, That I a	ttended the deceased fro
Dec. 4 1930, to	
that I last saw him alive on Ja	
and that death occurred on the date state	ed above, at
The CAUSE OF DEATH 🌣 was as follows:	
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10win preese	
**************************************	
	3
(Duration)	yrsmos
Contributory.	
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(Duration)	yrsmos
(Signed) Cuthony V. Buc	luces M.
	A ATT.
1/2/1 21 27/	I III A A A MI A A XI .
1/29 13/. (Address) 3.7. V	suide 81
*State the Disease Causing Dent Violent Causes, state (1) Means of In	h, or, in deaths from
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*State the Disease Causing Dent Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hos ients, or Recent Residents)	pitals, Institutions, Tran
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### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a (a) Foreman, (b) Antomobile factory. The material sary to know Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the As examples: (a)

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All the data is essential and must the terrificate is permanently filed.

Lobar pneumonia, Bronchopneumonia ("Pneumonia")

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as "Dropsy," "Exhanstien," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Coneausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcona, etc., of quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can he ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inamition." "Marasmus," "Old Age," "Shock," vulsions," (secondary or intercurrent) affection need not be ment of cause of death approved by Committee on train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na-Whooping cough; For: the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart discase; (Recommendations on state-(second-(merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

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	Every Item of Information should be carefully supplied. ACE should be stated EXACTEN P	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important, See instructions on back of certificate.	
	/er	AN	tate	
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Dav) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or Country) Where was disease contracted, if not at place of dea.h?.... 14 THE ABOVE IS TRUE TO THE BEST Former or ADDRESS 20 UNDERTAKER

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At hame. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The insterial first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Woinwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive cngineer, Grocery;

Statement of Cause of Death—Name, first, the DISEA SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashial fever (the only definite synonym is "Epidemic derebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septieaemia," "PUERPERAL perstonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronicetc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1 'n

PLACE OF DEATH	GG103 STATE OF MARYLAND
County 1 - Co	CERTIFICATE OF DEATH
A contract of the contract of	Registration Dist. No. 21
(	1. 71-
Village or City Sinnago olis (No. 3)	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULE NAME	enumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jun 4, 1923/
1	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Jam 4, 1931	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
mos. ds. or min.?	sur om, was ans
(a) I rade, profession or	***************************************
particular kind of work	
(b) General nature of industry business, or establishment in	(D .: )
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
le-ce co.	(Duration) yrsmosds.
10 NAME OF FATHER	(Signed) fragle C. For ec M. D.
11 BIRTHPLACE	free 16 1928/ (Address) Genterfois med
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaus of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Quen -	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
Took de Oum.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 31 gove wy	Bun Will Cant. Jan 6, 1931
15 Filed Jan 6 1923 / Joseph C. Jack.	20 ONDERTAKER 34 Northwest
16 mars hanks are needed address that the tradition	, 16 W. Saratoga St., Balto., Lequesting V. S. Iso. 1.
if thore plants are headed, address trate hogistrat	

(Approved by U. S. Census end American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective cf cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all quistions amswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING
TH UNFADING INK--THIS IS A PERMEDING INCOME. WRITE PL , WITH UNFADING INK-THIS IS A PERM

V. S. No. 1

PLACE OF DEATH	60104 STATE OF MARYLAND
County 4 (4 ()	CERTIFICATE OF DEATH
(2) II / 10	Registration Dist. No.
Village or City Noollyn (No. 3	St.: Ward) (If death occur a hospital or
2FULL NAME NOVARA M. G	PEGORY  tion, give its NA steed of stree number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3/ , 198 (Month) (Day) (Y
6 DATE OF BIRTH  ACC 7/1 1902	17 I HEREBY CERTIFY, That I attended the decease
(Month) (Day) (Year)	that I last sew h lalive on Jan 3/
	and that death occurred on the date stated above, at be
yrs. / mos. / ds. or min.?	
a OCCUPATION  (a) Trade, profession or particular kind of work	Lohar pneumoma
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) vrs. mos
10 NAME OF FATHER HOLLIAM GREAVY	(Signed) Mulestifler Feb ( 1971) (Address) 1319 healt
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
TI MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of death yrs mos. ds. State yrs mos.
(State or Country) X ALL V ICH	Where was disesse contracted, if not at place of deah?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant)	usual residence
(Address) /3 - 314 St.	Celan Hill 1/3.
Filed Feb 2 1931 Chas. H. Breggierar M	20 UN DERTAKER ADDRESS DE ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, Housetion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

perhianently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all questions

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V. S. No. 1

N. B.

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PLACE OF DEATH  County Ann Arundel.	STATE OF MARYLAND CERTIFICATE OF DEATH
	OF CORRECTION. Registration Dist. No. 22/
	St.: Ward) (If death occurred in the spiral or institution, sive its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Jany 27 - 1931 , 192  January (Month) 25 (Day) 1931 (Year)
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Jan. 10-1931 192 to Jan. 26-1931 192 that I last saw hhimselve on Jan. 26-1931 192
7 AGE  If LESS than 1 day hrs.  19 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Labor - Farm  (b) General nature of industry business, or establishment in which employed or (employer)	Pulmonary Tuberculosis.  (Duration) yre 2 mos 12 de
9 BIRTHPLACE (State or country) Prince Frederick County Md.	Contributory Secondary Secondary (Signed)  M. D
FATHER William G. Gross.  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or Country)  unknown.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs 2 mos 12 ds. In the 19 yrs mos description of death was disease contracted.
(Informant) Walls SWELL	Where was disease contracted, if not at place of desih?  Former or usual residence Prince Frederick, Md.
(Address) Dard. Widi	19 PLACE OF BYRIAL OR REMOVAL DATE OF BURIAL 1991

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

H. John Camb

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Slationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

The contract of

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetainus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory affection need valvular heart Nomenclature not be of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS

PHYSI-	PLACE OF DEATH County anne arende	00106 STATE OF MARYLAND CERTIFICATE OF DEATH
fie,		Registration Dist. No.
EXACTI iy classi Theate.	Village or City Severy (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st ay be pr ack of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
CE shoulhat it me	December 23, 1899  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. a lawreng LL, 1931, that I last saw her alive on January LL, 1931,
ms so t	7 AGE  31 yrs. mos. 30 ds. or min.?	and that death occurred on the date stated above, at 6, 40 P. m. The CAUSE OF DEATH * was as follows:  Confidence of the date stated above, at 6, 40 P. m.
be carefuily suppli EATH In plain term important. See in	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) house - Keeping  9 BIRTHPLACE (State or country)	(Durstion) — yrs, 2 mos de.  Contributory Humpfield Secondary (Dyration) yrs, mos LD ds.
ormation should ste CAUSE OF DUPATION IS very	10 NAME OF FATHER Samuel Havie  11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
of infunid stands	(State or Country) waryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs des State yrs des.  Where was disease contracted, if not at place of death?
Every Item o CIANS shoul statement of	(Informant) fohn a Harris (Address Severn Mg	Former or usual residence
	Filed Man 23 1907 M. of Years Sepy Hocal Registrar	20 UNDERTAKER mest Severand ADDRESS Ridgely Selley Laurel Ind.
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Raquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. nature of the business or industry, and therefore an Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, (b) Automobile factory. The material (a) the kind of work and also (b) the Archilect, Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) Whooping ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) (Recommendations on statement of cause of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic Carcinoma, Sarcoma, etc., of etc. affection need not be valvular heart The contributory disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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FE PLANCE WITH UNFADING INK-THIS IS A PERMANN	m of information should be carefully supplied. ACE should be sinhould state CAUSE OF DEATH in plain terms so that it may be pi
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N. B.-

	[10] 1 V 4
PLACE OF DEATH	STATE OF MARYLAND
County Amun el	CERTIFICATE OF DEATH
・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	(13) Registration Dist. No. 11
Village or City Crownsvil (No. State Hos	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Robert Harris	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male block Single, Married, Wilowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  January 25th , 192.71  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
unkrovn , 188	9 Sept. 24th 1929 to Jan. 25 , 1923],
(Month) (Day) (Year)	Ten 25th 7
7 AGE   If LESS the	
1 dayhr	
49 yrs. <u>unlimosyn</u> ds. or min	Chronic Interstitial Hephritis
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs. 6 mosds.
9 BIRTHPLACE (State or country) Mississippi	Contributory Secondary
10 NAME OF Henry Marris	(Signed 1) 192 31 (Address) POWISVILLE MG.
U State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Catherine (Unknown	
13 BIRTHPLACE OF MOTHER (State or Country) Mississippi	At place 1 yrs. 4 mos. 1 ds. State State ds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hospital Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Granneville Mandand	Hoops Cem. /16 , 39
Filed 192 192 Registrar	20 UNDERTAKER Waleste Sept Walesbury

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servout, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foremon, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a Form laborer, Laborer Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on 9 Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the occident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicucnia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: A ceidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.-

	PLACE OF DEATH	
/	County line Urundel	
Vil	llage of City Shady Dide (No	
	PERSONAL AND STATISTICAL PARTICULARS	-
1	BEX 4 COLOR OR RACE 5 SINGLE, MARRIED MAURIE WIDOWED OR DIVORCED (Write the word)	1
1	DATE OF BIRTH	
	(Month) (Day) (Year)	t
6 () P	If LESS than I day hrs. or min.?  OCCUPATION  a) Trade, profession or min.?  b) General nature of industry  outsiness, or establishment in  which employed or (employer)	a 1
200	BIRTHPLACE (State or country)	
PARENTS	10 NAME OF FATHER JERMANDO HAURE  11 BIRTHPLACE OF FATHER (State or country) Germany  12 MAIDEN NAME OF MOTHER MARY DELY  13 BIRTHPLACE OF MOTHER (State or country) Germany  14 MAIDEN NAME OF MOTHER (State or country)	1 A O V
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
	(Informant) & L. Hauge (Address) Shady Didl	1
15	Filed Co. 9 108/ Gent Ment	2

00108

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.26

St.: Ward)	(If death a hospital tion, give it stead of number.)	or in	E in
***********************			

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH)	
(Month) (Day)	
I HEREBY CERTIFY, That I attended the de	, 1921,
	, 198/,
and that death occurred on the date stated above, at	0 G, m.
The CAUSE OF DEATH * was as follows:	
Diabetes mellitus	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Ga Kana	**************************************
(Duration) yrs. m	ds,
Contributory Secondary	·
(Duration) yrsr	108ds.
(Signed) Les V Deut	
Jan 9 1931 (Address) Churchlein	
*State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	ths from Whether
18 LENGTH OF RESIDENCE (For Hospitals, Institut	lons, Trans-
ients or Recent Residents)	
At place of deathyrsmosds. In the Stateyrs	.mosds,
Where was disease contracted, if not at place of death?	••••••
Former or usual residence	
19 PAACE OF BURIAL OR REMOVAL DATE OF	BURIAL
Loudon Park Comoley Jan 10	, 193/

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Cour mure, even en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condistated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Evely 4thm of information should be carefully supplied. ACE should be stated EXACRY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SORD ENT BINDING PERM Y MARGIN RESERVED FOR SI WITH UNFADING INK--THIS YE PL

V. S. No. 1

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County (mile armall	CERTIFICATE OF DEATH
	trus Laining Registration Dist. No. 22
Village or City amapolis frontion	St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH .
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suigle WIDOWED.  Fenuale Colores (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Theley 19, 1912	17 I HEREBY CERTIFY, That I attended the deceased from 192 7. to Jany 1923/
(Month) (Day) (Year)	that I last saw h Walive on facy 6, 1922,
7 AGE    If LESS than   I day hrs.   I day hrs.   I day hrs.   or min.	and that death occurred on the date stated above, at 20 m. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work	Chronic Consocarsitis
(b) General nature of industry survain of selvoid business, or establishment in which employed or (employer) for Fueble munded	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Washington D.C.	Secondary Guertion) 3 yrs 6 mos. ds.
10 NAME OF FATHER Abraham Robinson	(Signed) Ressect To Jour M. D.
OF FATHER Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Blanche Hicks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place 3 yrs. 4 mos. 6 ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Records of Deticer Lawing School	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Personalis Jet nes	Dist Framing School January "193
Filed any 7 th 1921/ Dlara he Hasluh Registrar	20 UNDERTAKER ON TERMET BOSES Sukt Simapolis &
If more bianks are needed, addre.s State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20108

(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Laborer—Coal mine, etc. woin-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been clianged gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railwoy train-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," Never report mere symptoms or terminal condi-Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease Measles;

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1931

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WRITE PLA A WITH UNFADING INK-THIS IS A PERM.	Every Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back
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V. S. No. 1

	00110
PLACE OF DEATH	STATE OF MARYLAND
County Amo Doundle	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Crystal Spansage	(If death occurred in
In age of City Color of the Ci	a hospital or institu- tion, give its NAME is -
2FULL NAME SIESTY HIT	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
MAL CALTUR (WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 22, 1418	
(Moath) (Day) (Year)	that I last saw halive on, 192,
If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. 7 mos. / ds. or min.?	Gunshet wound
OCCUPATION (a) Trade, profession or	accidental shat
particular kind of work	(un in hand ap)
(b) General nature of industry business, or establishment in	O flend (Duration) yrs mos ds.
which employed or (employer)	Contributory
(State or gountry)	Secondary (Duration) Jayyes
10 NAME 94)	(Signed) Farry 6 Mehrin H. M. D.
FATHER AND HANG	X /A/11 192 / (Address) Liver Comment Med
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAMEO 0 - 1	
of MOTHER CHUTS MILESON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Wely 6. Mallums	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Oupla Spring, J. G. M.	A. Make, Harmois med. Jan. 114, 1031
5 Filed & San 15/ Caldwell Woodruff	20 UNDERTAKER ADDRESS 2338
I lied	Adam Will Alfa a grant Maria la

If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

·ployed, as Al school, or Al home. Care should be taken state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no oecupation (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro's spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

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PHYSICIANS should state

stated EXACTLY. properly classified.

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TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

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carefully supplied. AGE should be

B.-WRITE P mation sho

V. S. No. 1

OCCUPA-

Jo

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		1, 2 2
County a a	Registration Dist. No.	
Village All annapolis	No. 41/ liber St.,	Ward
Length of residence in city or to where death occurred byrs mo	If death occurred in A hospital or institution, give its NAME instead of street and number of the Low long in U.S. if of foreign birth?	
2. FULL NAME Proces of Hope	King	
(a) Residence: No. 417 (Usual place of abode)	St., Ward.  If nonresident give city or town and State	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Cory WIFE of Burgane Holekun	1 HEREBY CERTIFY That I ettended dece	- ~
C DATE OF RIDTH ( 1861		eath is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 1/2 m.	0011113 3010
69 10 1 day, hrs.	the talling the ta	
8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BDOKKEEPER, etc.	Cerebral Hemmon hey	Jare of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Data deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) a Ca Co Co	Dther Coutributory Causes of importance:	cur 3
13. NAME William // Cololar		
13. NAME (Villeans // Celulas  14. BIRTHPLACE (city or town) (State or country)	Name of operetion Date of Date of What test confirmed diagnosis? Was there an auto	0psv?
15. MAIDEN NAME UNK	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Wasprone  16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	_, 19
17. INFORMANT Hamons Hopkins (Address) Company of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Landau Bluff Date 78 8 19	Manner of injury	
19. UNDERTAKER A L Hopforms (Address) Amos and A	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED AN 8 631 Josephie Free Registrar.	(Address) March	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis  Chromic interestitical population  BURBAU V. 8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	00112
PLACE OF DEATH	STATE OF MARYLAND
County of	CERTIFICATE OF DEATH
County 4 WITHIN CORPORATE LIMIT	Registration Dist. No. 21
Village or City Sunapoli (No. Gmer	gency Hocht St.: Z Ward)  (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
2FULL NAME James	meins.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Colored SSINGLE, MARRIED, Without OR DIVORCED OR DIVORCED (Write the word)	num 16 DATE OF DEATH 2 , 1981
8 DATE OF BIRTH Why 13	17 I HEREBY CERTIFY, That Lattended the deceased from 1921, to 1921,
NAT E	(Year) that I last saw h walive on 1924, SS than and that death occurred on the date stated above, at 5-35 A. m.
7 AGE	hrs. The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) Trade, profession or Oystu	The freemain
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mos/O_de.
9 BIRTHPLACE (State or country) Muknown	Contributory Secondery  A Duration yre mos ds.
10 NAME OF NUKNOWN	(Signed) USEW Gallible M. D.
OF FATHER  (State or country)  Muchurwu	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Muhumm	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Record from Hospital	usual residence
(Address) Amapolis Ma	1. It Michaels Wild Jany 5, 1931
15 Filed Jan 4 1981 Anylo City &	
If more bianks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons ensary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— State cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 81 1981
BURKAU V. S

V. S. No. 1

(		HYSI-	Exact
	Q	ACE should be stated EXACTLY, PHYSI-	that it may be properly classified of the classified.
	CORD	d EXAG	that it may be properly class ctions on back of certificate.
(1)	ENT	e state	e prope
OR BINDING		onld bino	may be
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	PLACE OF DEATH	60113 STATE OF MARYLAND
	County ame armedel	CERTIFICATE OF DEATH
	D 11 1	Registration Dist. No. 2
rtificate.	Village de Harbor (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Female 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOW MIDOW MIDOW COLOR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
lons on b	6 DATE OF BIRTH  Sec 24  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 192/. to 200/. 192/, that I last saw hallow on 200/200/200/200/200/200/200/200/200/200
nstruct	66 yrs. mos. 9 ds. lfLESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at Delm. The CAUSE OF DEATH * was as follows:
ant. See	B OCCUPATION  (a) Trade, profession or Housewife of particular kind of work Housewife of Children (b) General nature of industry business, or establishment in	(Duration) yrs. mos 3 de.
Import	which employed or (employer) Mme  9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs. mos. ds.
is very	10 NAME OF FATHER homas 41 abboth	(Signed) James J. Bellingslea M. D.
20	OF FATHER  (State or country) or chester and	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C C C C A A	of MOTHER atherine W Creamer  13 BIRTHPLACE OF MOTHER (State or Country)  Ballmanes And	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
2 2 2 2 2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Mouthand Wilhelmina Thomas Sin	Where was disease contracted, if not at place of dea.h?
atem	(Address 19 Folsom 24 Baltiman Ind	Macother Comptery Lon 6, 1931
D .	Filed/ 81 198 Jans Harogen	who Ti Dermy 715 Light St
	If more Branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (vehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of taken. State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Anne Arundel County

Jan 17 1923/5



### STATE OF MARYLAND CERTIFICATE OF DEATH

egistration	Dist No.	21

			Registration Dist. No.
		harles Johnson	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex male	4 COLOR OR RACE	SSINGLE, UNKNOWN MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  January 17th, 19231  (Month) (Day) (Year)
6 DATE OF B	Unkno (Month		I HEREBY CERTIFY, That I attended the deceased from January 9th 1923 to January 17th 1923 that I last saw h im alive on January 17th, 1923 and that death occurred on the date stated above, at 7:20A.
particular k (b) General business, or	profession or ind of work nature of industry establishment in	mos. Mn ds. or min.?	. The CAUSE OF DEATH * was as follows:
9 BIRTHPLAC (State or			Contributory Secondary Secondary  [1] Contributory AORTIC STENDSIS  [1] Contributory AORTIC STENDSIS  [1] Contributory AORTIC STENDSIS  [2] Contributory AORTIC STENDSIS  [3] Contributory AORTIC STENDSIS  [4] Contributory AORTIC STENDSIS  [5] Contributory AORTIC STENDSIS  [6] Co
10 NAME FATHE		Johnson	(Signed JUL M. D. J. St. 192 31(Address) Cr Own Sville, Md
O 11 BIRTH OF FA		nd	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDI V OF MO	EN NAME OTHER Annie	(unknown)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	or Country) Mary		At place of death yrs mos 8 ds. In the State Livre time ds
(Informa	E IS TRUE TO THE BES ant) Hospital ddress) Crownsvil	Records	if not at place of death?  Former or usual residence Baltimore Gity, Maryland  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A. J. 19 3.

Zegistrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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Filed

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housebousehold only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Laborer, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Plunter, Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Automobile factory. The materia Laborer--Coal mine, etc. Womperson, irrespective of (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse." "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar / Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"E: haustion, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) cough; Chronic valvular heart disease; nephritis, etc. The contributory affection need Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the equificate is permanently filed.



PLACE OF DEATH	00115 STATE OF MARYLAND
a. a. G.	CERTIFICATE OF DEATH
County	Registration Dist. No. 21
Aund mille	
Village or City (No.	St: Ward) If death occurred in a hospital or institu-
Buch Os	tion, give its NAME in-
<sup>2</sup> FULL NAME	aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Carel	16 DATE OF DEATH
Parke Col WIDOWED OR DIVORCED	(Month) (Day), 182
(Write the word)	17 I HEREBY CERAIFY, That I attended the deceased from
6 DATE OF BIRTH	
Jun 10 1931	that I last saw h, alive on, 192,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 2
of AGE   If LESS than   I dayhrs.	The CAUSE OF DEATH % was as follows:
yrsds.ormin.?	Still brom
OCCUPATION	no thruing
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
fariosonney his.	
10 NAME OF FATHER Ling, Curo	(Signed) A.D.
11 BIRTHPLACE	Jan 110 19231 (Address) line for hel
OF FATHER (State or country) Juridamille had,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
(State or country) fundamile mile with the country of marting market mile mile mile mile mile mile mile mile	Accidental, Suicidal or Homicidal.
a Besse Jollusm	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, er Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
S Paris	Former or
(Informant)	19 I LACE OF BURIAL OR REMOVAE   DATE OF BURIAL
(Address) Janus moll mi	1 '0 '10 9 1 8 12
15	20 CNDERTAKER ADDRESS
Filed from 10 1923/ frag & C. fry a My	Q C - C
/ Régistrar	ples. cot forcome
wore blanks are needed, address State Registrant	16 W. Saratoga St., Balto., Requestipe V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary it may be entered at Housewife, Houseployed, as At "chool or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer. Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISHASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Occebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pneumonin"): fever (the only definite synonym is "Epilernic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection of respect Standard of Cause of Death-Name, first, the DIS-

> ary), 10 ds. Never report more graptoms or terminal mges, portionneum, etc., Carennata, Surcoma, etc., of and qualify as Accusevent, Su Cidal, or Homicidal, or diseases resulting from enfoliath or miscarriage as can be ascertained as the a a -rhage," "Inantition" "Martis us." "Old Age." "Shock," symptomatie), "Atrophy," "Coll. p.c," conditions, such as causing death), 29 de. Branco neumonia stated unless important. Trample: Monsles Chronic interstitial neph itis we. The contributory use of "Tumor" for malignant ..... (name origin: "Cancer" in less definite; avoid head quences (e.g., sepsis, total and the sated under the train-accident; Reserver and of head-homicide; Examples: Accidental armed in Struck by railroay as probably such if tupo stile to determine definitely State cause for which sur that peration was under-"Puerpenal sepherena'e." Program positonitis," "Uraemia," "Weaknes." Me. Then a definite dispase "Dropsy," "Exhausticn," "II are Tailure," "Haemorinqualified, is indefinite); Interculosis of lungs, menment of eause of death approved by Committee on ture of Poisoned by carbor's acid -provedly raicide. The na-Fulsions, (secondary or intercurrent) Nomenclature of the American Actial Association.) Whooping cough; Chronic va cultar heart disease; of "contributory." (R compandicus on state FOR VIOLENT BEATTIS , ATE STEAMS OF INJURY the injury, as firstern of skull, and conse-"Debility" ("Con nite.," Kenile," etc.), "Asthonia." affiction need not be ; (surs ) los ! "Anaemia" Always qualify all "Соша," (merely (disease (secondetc.

If this certificate is looked over the roughly and all ques-tions answered in detail, it will a most further correspond-ends. All the data is seconting our must be obtained before the certificate is permane thy fic-

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to knew (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationory freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E-haustion," "Heart failure," "Haemowhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic etc. The contributory valvular Always qualify all heart diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.



S. No. 1 0

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT WITH UNFADING INK--THIS IS A PERM WRITE PL.

PLACE OF DEATH	00117 STATE OF MARYLAND				
County Music acuadal	CERTIFICATE OF DEATH				
	Registration Dist, No. 23				
Village or City Res Buent (No. 2FULL NAME Bely Stee	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)				
6 DATE OF BIRTH  Jew SH 1931	17 HEREBY CERTIFY, That I attended the deceased from 192, 192,				
(Month) (Day) (Year)	that I last saw h, 192,				
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:				
ds. or min.?					
8 OCCUPATION (a) Trade, profession or					
particular kind of work  (b) General nature of industry					
husiness, or establishment in	(Dyration) teles mos ds.				
Which employed or (employer)	Contributory				
(State or country) lime amudel &	(Duration)da.				
10 NAME OF	(Signed) I she flegandy. D.				
FATHER Engst factions in	//s// 192 (Address) Chu Bum?				
OF FATHER  Z (State or country)	*State and lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
12 MAIDEN NAME OF MOTHER Edua Jenus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)				
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds,				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?				
-1 3 tone -	Former or usual residence				
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
(Address) lu Oslaw E	Jones Diann 1-37. 1931				
15 Filed 1, 9 7 1901 Just Cury fu	Liggie mes Genturies				
If more banks are needed, addre.s State Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the en at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremun, (b) Automobile fuctory. The material whatever, write None. or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Always qualify all

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BURRAJ

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	1 PLAC	E OF D	EATH		1	\	0011
/	County	A.A.	0 0 0 0 %,1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(46)
/					1	1	
Vill	age or Ci	y Anna	apolis	(No.	Eme:	rgency	Hospital
	2F1	LL NAN	ne Will	iam Jo	hn l	Kang	
	PERS	NAL AN	D STATISTI	CAL PAR	TICUL	ARS	N
3 s	ale *		or or race	5 SINGLE, MARRIET WIDOWE OR DIVO (Write the	D.	rried	16 DATE OF D
-	ATE OF B	RTH					17 I H
	NITHI	*********	May (Month)		(Y)	, 1854 (Year)	that I last say
7 A	GE	76	yrs. 8	mos.		If LESS than I day hre. or min.?	The CAUSE O
particular kind of work Retired Meat Packer  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  Contributo Secondary							
	(State or	ountry)	Baltimo	re Md.			1
	10 NAME FATHE		Unknown				(Signed)
OF FATHER UNKNOWN  (State or country)						*State Violent Car Accidental,	
of mother Unknown 18 Len					18 LENGTH		
13 BIRTHPLACE  OF MOTHER  (State of Country)  Unknown						At place of deathyr	
14			TO THE BEST		OWLE	DGE	Where was dise
	(Informa	nt) G.	Albert	Clark			Former or usual residence.
			nnapoli				19 PLACE OF
15	0		192319		e. 8	Registrar	Cedar B So underta John

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

nnapolis (No. Emergency  NAME William John Kang	Hospital St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)				
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH   6 , 193 / (Year)				
May 8 , 1854 (Month) (Day) (Year)	that I last saw him alive on John 15 /				
76 yrs. 8 mos. 8 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:				
esion or of work Retired Meat Packer re of industry blishment in or (employer)	Description Grand				
Baltimore Md.	Contributory Secondary  Durstion) yrs mos ds.				
Unknown  **Unknown	(Signed) M. D. M. M. D.				
ountry)  AME  Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-				
EE Runtry) Unknown	ients or Recent Residents)  At place of death				
G. Albert Clark	if not at place of death?  Former or usual residence 2 delar Court, Ounofe sle				
Annapolis Md.	Cedar Bluff Cemt. Jan 18 1931				
18 19231 Juga C. Free To	John M. Taylor Annapolis Md				
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Drs-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) Chronic " "Coma," "Convulsions, valvular heart disease; affection etc. The contributory need not be

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S. No. 1

Vil		Tarleis		*4e*	)
_		LL NAME			•••••
3 5	PERSON	4 COLOR OR R	ACE SING	LE.	IRS
	ale	negro		RIED. OWED. DIVORCED e the word)	id
6 1	DATE OF BIR	тн			
	154		te unkr	(Day)	1
7 /	AGE	0.5			LES day
( p ( b	b) General na susiness, or es	ofession or d of work reature of industry stablishment in ed or (employer)	tired	welldig	
( b v	a) Trade, proparticular kind b) General natural natural business, or es	ofession or d of work ature of industry stablishment in ed or (employer)	tired		
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( b v	a) Trade, pro- articular kin- b) General na cusiness, or ea which employe BIRTHPLACE (State or cou-	ofession or d of work	tired		
9 E	a) Trade, properticular kinds b) General manusiness, or evolution of the control	ofession or d of work reature of industry stablishment in ed or (employer)  Intry) Md.  F  Peter	tired		
RENTS A q ()	a) Trade, properticular kinds b) General manusiness, or evolution of the control	ofession or d of work	tired	welldig	
PARENTS 6 A q ) d )	a) Trade, properticular kinds of Mother (State or Conference o	ofession or d of work	tired Lanmon	welldig	8.6
PARENTS 6 A q ) d )	a) Trade, properticular kinds of Mother (State or Conference o	ofession or d of work	tired Lanmon	welldig	8.6
PARENTS 6 A q ) d )	a) Trade, properticular kinds of Mother (State or Conference o	ofession or d of work	tired Lanmon	mms	8.6

ORIGINAL (162)

widowed

(Year)

[If LESS than

I day hrs.

or min.?

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

St.:		tion, giv	e its NA	ME, ir
CERTIFIC	CATE O	F DEAT	н	
uary _	9	th	, 193	3.]
(Mont ERTIFY, Th	th)at I atte	(Day)	decease	ear)d fron
alive on I on the dat * was as fol	e stated	nbove, at .	3 a	192 m
(Duratio	m)	yrs	mos	ds
(D				

	Violent C	auses,	Disease Ca state (1) dal or Homicid	Means	Death, or, of Injury	in and	deaths fr (2) Whet	om her
18	LENGTH	OF	RESIDENCE	(For	Hospitals,	Inst	itutions,	Tra

(Address) Pasadena.

10	2011001	7 4		1			
	ienta or	Recent	Residents)				
At	place				In the State		
nt.	death	WFR.	mos ds.		Diale	VISmos	

Where was disease contracted, if not at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL

MEDICA

I HEREBY C

16 DATE OF DEATH

that I last saw h

and that death occurred

The CAUSE OF DEATH

Senility

Contributory Secondary

(Signed). T - 9

Earleigh

Jan. I. 1193 T. ADDRESS

20 UNDERTAKER

usual residence

B. Parker

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal ming, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons cnwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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EXACTLY, P properly stated RESERVED MARGIN BI CAUSE OF DE d state onld

PLACE OF DEATH

Anne Arundel County

00120 STATE OF MARYLAND

(If death occurred in

	CERTIFICATE OF	DEAT
97)	Registration Dist. I	Vo. 1

	JLL NAME Julia Lee	st: ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex Female	4 COLOR OR RACE SINGLE, Married MARRIED, WIDOWED, OR DIVORCED (Write the word)	January 8th , 1923]
6 DATE OF BI	unknown , 1 856 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Sept. 3rd 192 5 to January 8 , 192 31 that I last saw her alive on January 8 , 19231,
7 AGE	1 day hrs	and that death occurred on the date stated above, at 1:25P.a.m. The CAUSE OF DEATH * was as follows: Cerebral arteriosclerosis
(b) General business, or		(Duration) United Ownmos de.
9 BIRTHPLAC		Secondary

(dead Unknown

Maryland

Crownsville State Hospital

OF FATHER Unknown (State or country)

10 NAME OF FATHER

(Informant)

FZ

R

₹

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER Unknown (dead

13 BIRTHPLACE OF MOTHER Unknown (State or Country)

THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO

Grownsville Maryland

	(	Address).					TR. W. A.A. W
15	Filed	1/10	- 1920	/ _	O ,	00)2	Registrar
-							

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

\*State the Disease Causing Death, or, in ent Causes, state (1) Means of Injury and

In the

Where was disease contracted. if not at place of death?..

usual residence Dorchester 19 PLACE OF BURIAL OR REMOVAL

Hope Ce	we	long	, -
20 UNDERTAKER		0	1

Violent Causes, state (1) Means of

Accidental, Suicidal or Homicidal.

deaths from

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; i fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the phease Causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-point fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia. ("Pneumonia,")

(Recommendations on statement of cause of "letanus) may be stated under the head of "contributory." approved by Committee on Nomenelature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences 'e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," "Exhaustion," "Heart\_failure," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Chronic interstitial nophritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Examples: Accidental drowning; Struck by railway train-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Marasmus, " "Old Age, " "Shock, for malignant neoplasms); Measles, Chronic valvular heart disease Example: Measles (disease etc: The ", "Haemorrhage, contributory death

V. S. No.1

(		PHYSI-
	ORD	EXACTLY.
/	NT IN	stated E)

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS Special state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIR CORPORATE LIMITS	Registration Dist. No. 21
Village or City annapoles (No. 0)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Joseph . a ~	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Xeb 10 1856	17 I HEREBY CERTIFY, That I attended the deceased from Sec. 25 1930 to Jan. , 198/.,
(Month) (Day) (Year)	that I last saw ham alive on fanc. 6., 1981.,
7 AGE   If LESS than   day	and that death occurred on the date stated above, a 3.300 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Myocardial Frontierey
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Triendship a a co. md	Contributory Secondary Secondary (Duration) yy.x mos ds.
10 NAME OF Henry M. Leitch	(Signed) J. Willis Marting M. D.
(State or country) a.a.C. md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indary and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Ward.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) A. a. co. and	At place of death yrs mos ds.  In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mattie Leiteh	Former or usual residence
(Address) annapolis ma	leeder Bluff Jan 8-, 1931
Filegran 8 1923/ France Frank Registrar	B. L. Hopping. annapoles
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Baltol, Requesting V. S. No. Y.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sidesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material ," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanenthy. Slad.

BUREAU V. S.

PLACE OF DEATH County Annu Annual	00122 STATE OF MARYLAND CERTIFICATE OF DEATH
	// Registration Dist. No. 23
Village or City Tenthicums Leght	St: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and
2FULL NAME MAY LOVE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVERCED (Write the word)	16 DATE OF DEATH 2 January, 193/ (Month) (Day) (Year)
G DATE OF BIRTH  January, 193/ (Month) (Day) (Year)	that I last saw haliva on, 192,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the data stated above, atm.  The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 ERTHPLACE (State of country)  10 NAME OF FATHER AM POOL	(Signed) (Address) (Address) (Address) (Duration) (Dura
11 BIRTHPLACE TO OF FATHER  (State or count) Y ON THE OF MOTHER  OF MOTHER  OF MOTHER  (State or Country) TO STATE WARRING WAR	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Moins of injury and (2) Whether Accitiental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted,
(Informant) HAMPIN (Address) HAMPIN (Address) HAMPIN (Address) HAMPIN (Address) (Addre	Former or usual residence
Filed 3 1925 Registrar Registrar Plants are needed, addrass Stata Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the (a) Foreman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valudar heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-"Senile," etc.), "Dropsy,"

13 BIRTHPLACE OF MOTHER

(Informant)

15

(State or Country)

(Address)

CIANS should statement of C

BINDING

MARGIN RESERVED

	1PLACE OF DEATH
- ,	County A.A.
Vil	age or City Annapolis (No. 87 Condu-
=	
	PERSONAL AND STATISTICAL PARTICULARS
3 5	4 COLOR OR RACE SINGLE, MARRIED, Married
Ma	White White Wide (Write the word)
6 1	ATE OF BIRTH
2	January 7, 1866 (Month) (Day) (Year)
7 4	"
	65 yrs. mos. 16 ds. or min.
9.0	CCUPATION
	) Trade, profession or Retired Baker at
0	O) General nature of industry usiness, or establishment in U.S.N.A.
-	(State or country)  Re Germany
	10 NAME OF
	FATHER Herman Meinhold
RENTS	OF FATHER (State or country) Germany
PARE	of Mother Ernestine Schlutter

Germany

Annapolis Md.

Mrs. Frank H. Meinhold

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

If more biank are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

t. St.: 2. Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Jan.	23, 1998/
	(Day)(Year)
17 I HEREBY CERTIFY, That I at	
Jan. 23 1931.10	Jan 23, 1931
that I last saw h Apricalive on	du: 23 1925/
and that death occurred on the date state	ed above, atm,
The CAUSE OF DEATH * was as follows:	The las
Caranary	1 www.
\$-9-14	200 - 00 20 07 - 00 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	**************************************
Contributory Acute de	lolatar de.
(Signed) 9 W (Mars) (Address) (Address)	Marting M. D.
State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	in deaths from injust and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
At place In the of deathyrsmosds.	ne ateyrsmosds,
Where was disease contracted, if not at place of death?	,
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Bluff Cemt.	Jan 25 , 19 31.
John M. Taylor	Annonalia Ma
, and the land the	I ATINONO I TO MA

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train. Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If more branks are needed, address State Registrar, 16 W. Saratoga St., Haltf., Requesting

V. S. No. 1

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emgaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a laborer, Farm laborer, Luborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (12) or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on yrs). Stationary fireman, etc. But in many For persons who have no occupation

spinal meningitis"); Diphtheria avoid use of "Croup fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the Dr. Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respec time and causation, using always the same accept pueumonia, Branchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoel;" stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (mercly symptomunqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis." etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar/ Chronic interstitial nephritis, Whooping eough; approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is loss definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic valvular heart disease; affection need etc. The contributory Nomenclature not be

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a l questions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County tated EXACTLY, Properly classified. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS SSINGLE. 3 SEX 4 COLOR OR RACE MARRIED, back WIDOWED. OR DIVORCED (Month! attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: MARGIN RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory impo 9 BIRTHPLACE EAT! condary (State or country) should i 10 NAME OF FATHER 11 BIRTHPLACE ENTS \*State the Disease Causing Death, or in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER CAUSE (State or country) 12 MAIDEN NAME PARI 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER of OCCUP ients or Recent Residents) 13 BIRTHPLACE In the At place of death ......yrs.....mos......ds. OF MOTHER (State or Country) Where was disease contracted, should if not at place of death?... Former or statement usual residence S PLACE OF BURIAL OR REMOVAL Every Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation -Coal mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by or intercurrent) affection need not be cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

	PLACE OF DEATH  County A. A.	00126 STATE OF MARYLAND CERTIFICATE OF DEATH
	County	(31) Registration Dist. No. 21
.010.	Village or City anapolio (No. 92 Pre	Ward) (If death occurred In a hospital or institution, give its NAME instead of ctreet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATH
2	3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
200	MARRIED. MANUEL WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
no su	6 DATE OF BIRTH Sept 22, 1849	17 I HEREBY CERTIFY, That I attended the deceaced from  Dec 5 1920. to 7921., 1984,  that I last saw h savealive on 7221., 1984.,
Structio	7 AGE (Yeşf)    7 AGE	and that death occurred on the date ctated above, at
266 Ins	a OCCUPATION (a) Trade, profession or attorney particular kind of work	Cerebral asteria selesais Chrania nephritis
ant.	(b) General nature of industry business, or establishment in which employed or (employer)	4 Vernia (Duration) Minkyawa
Lodu	9 BIRTHPLACE (State or country) Bullings . Ond-	Contributory Secondary  Durstion)  Durstion  Secondary  Durstion
Very	10 NAME OF John M. Minnick	(Signed) J. Willie Martine 1
8 20	of FATHER  (State or country) Ballimon md  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Loury and (2) Whether Accidental, Suicidal or Homicidal.
A	of MOTHER agnes a. Bailey	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Transiente or Recent Residente)
2000	13 BIRTHPLACE OF MOTHER (State or Country) Harford, Cle. and	At place of deathyrsmosds. In the Stateyrsmosds.
10	14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) mary P. minnick	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Stat	Filed June 4 19231 Joseph C. Joseph Resisters	30 UNDERTAKER ADDRESS LIMAGOLO
	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed ," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salesman. 6

Statement of Cause of Death—Name, first, the Discense Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrosphale spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

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full	ant.
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Every item of inro. matton should be carefully supplied. ACE should be stated EXACTLY, PHYSICANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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ANS	stateme
EVE	sta

PLACE OF DEATH County Anne Arundel Village or City Solley 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED female negro (Write the word) 6 DATE OF BIRTH January (Month) (Day) IIf LESS than 7 AGE I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Solley, Md. 10 NAME OF FATHER William Simpson 11 BIRTHPLACE PARENTS OF FATHER N. C. (State or country) 12 MAIDEN NAME OF MOTHER iza Moore 13 BIRTHPLACE OF MOTHER N. C. (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Eliza Moore (Informant)

Solley. Md

(Address)

67

(Year)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

St.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME in-

ADDRESS

Solley, Md.

orl	***************************************	number.	)
MEI	DICAL CERTIFICAT	E OF DEAT	н
16 DATE OF DEA	TH January	18	., 19 <b>3</b> I
	(Month) EBY CERTIFY, That I	(Day)	(Year)deceased from
that I last saw h	alive on		, 192
Status	thymicolymp	haticus	
***************************************		***************************************	
Contributory Secondary		••••••	·····
	(Duration)		
	Disease Causing De state (1) Means ol idal or Homicidal.		
	RESIDENCE (For H		
	lrds.	the Stateyrs	ds
Where was disease if not at place of	eontracted, death?	••••••	***************************************
		. ***	
	RIAL OR REMOVAL		OF BURIAL
350 -3 0	Maale Comotos	T_ TO	スT

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Oliver Brady

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the bead of "contributory." "PUERPERAL, seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

deaths from

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death carbolic acid—probably suicide. The n\_ture of the injury, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

V. S. No. 1

	PLACE OF DEATH	00129 STATE OF MARYLAND
	County A	CERTIFICATE OF DEATH  Registration Dist. No. 20
Vi Vi	Hage or City Me Marcha Elizabeth	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and of
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	SEX 4 COLOR OR RACE 5 SUIGLE.  MARRIED, WIDOWED. Grand OR DIWORCED (Write the word)	16 DATE OF DEATH  (Month)  (Dsy)  (Year)
8 00 800	DATE OF BIRTH  August (Month) (Day) (Year)	I HEREBY CERTIFY, That attended the deceased from
netru	80 yrs. 5 mos. 7 ds. or min.)	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
nt. Se	(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	Justin yre moe de
0 -	BIRTHPLACE (State or country) Colorat Co., Mayland	Contributory Secondary (Duration) Transmission Mos
s vory	10 NAME OF Palut Briekley	(Signed) Marche Company M. D. D. D. M. D.
ST NE	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transisients or Recent Residents)  At place of death yrs mos. ds. State yrs descended where was disease contracted,
	(Informant) Wy Muslon Norfred	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Statement 15	Filed 1929	20 UNDERTAKER ADDRESS,
_	If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Furnuer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Servant, Cook, Housennaid, ctc. If the occupation has been changed definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, wier, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospital lever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

S. No. 1

N. B.

	PLACE OF DEATH  County — — —	00130 STATE OF MARYLAND CERTIFICATE OF DEATH
	0 110	Registration Dist. No.
1	Village or City Amafolis (No. 78 Mar 2FULL NAME Elia Ebeth Estella	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE.	
	From Col MARRIED, Single WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH CAUVAL 1929 1929 (Year)
The second secon	8 OATE OF BIRTH NOV 11 , 1930	17 HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw has alive on 1927
	7 AGE   If LESS than	and that death occurred on the date stated above, at Qe of m.
	yrs. 2 mos. ds. or min.	The CARSE OF DEATH * was as follows a letters
300	B OCCUPATION (a) Trade, profession or particular kind of work	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. de.
	9 BIRTHPLACE (State or country) amali vhis and.	Contributory Secondary  (Byration)  yrs
	10 NAME OF FATHER K.Emul - Sums	(Signed) Alfus Tayalesan M. D.
	OF FATHER  (State or country) Amafivlis Ind	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
	of MOTHER Many Carlin Parks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs H2812 Wilson	Former or usual residence
-	(Informant)///O / Color of Col	19 PLACE OF BURIAL OR REMOVAL OAT OF BURIAL
	(Address) 70 Mashington 31	Brewishell Cand / 15, 1981
	Filed fan 15 1931 fran L. fran Kogistrar	EHBIAREN 47 Wash- 81
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
14		Dr anderson

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) (irocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiqual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telunus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

(Informant)

15

Filed

(Address)

PLACE OF DEATH

20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

UNOU

(Yesr)

If LESS than

Iday 7 hrs.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 0

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH	Jaw	/	14	192	/
b.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Month)	(D	ay)	(Ye	ır)
17 I HEREBY CER	TIFY, That I	attende	d the d	ceased	from
vaa oo oo oo oo aa aa aa aa aa aa aa aa a	192 to			, 19	2
that I jast saw haii	/e on			, 19	2
and that death occurred o	n the date sta	ated abov	e. at		339
The CAUSE OF DEATH *  This Child was  Arrayred Sa  Sunothered to  Contributory Secondary  (Signed)	(Duration)	yrs yrs	Hor	nos	de,
*State the Disease Violent Causes, state ( Accidental, Suicidal or Ho	Causing Des	ath. or.	in de	aths fre	m
18 LENGTH OF RESIDE		ospitais,	Institu	tions, 1	rans
ients or Recent Residen		the			
At place of deathyrsmos		State	_yrs	mos	ds
Where was disease contracted if not at place of death?	\$	•••••••	000000000000000000000000000000000000000	***************************************	
Former or usual residence	1 6 2 6 0 0 0 may 0 +0000000000000000000000000000000000		***************************************		
19 PLACE OF BURIAL OR		, E		BURIA	L

The state of the s

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enloborer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy traintaken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease Carcinoma, Sarcoma, etc., of etc. The contributory

PLACE OF DEATH	601
County Manager Co Ma,	(73)
Village or City (No. No. No. No. No. No. No. No. No. No.	·
2 FULL NAME CONTROL PARTICULARS	ME
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4   4 COLOR OR RACE  5 SINGLE,	16 DATE OF DE
Market Willowed On Divorces (Write the word)	17 I HERE
6 DATE OF BIRTH	
Moy 6 (Year) (Year)	thet I lest saw
7 AGE 30 If LESS than I dayhrs.	The CAUSE OF
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Death Gru
9 BIRTHPLACE (State or country) Mary Cond	Secondary Gas-
10 NAME OF Thurs & Parker	(Signed) John
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State tl Violent Caus Accidental, S
of MOTHER Jos Jahre Markell	18 LENGTH OF ients, or Rece
13 BIRTHPLACE OF MOTHER (State or country)	At plece of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease if not at place of dee
(Informant) Manual To Journal	19 PLACE OF E
(Address) Haword	adam
Filed July 3 1923/ Joy 6 C. France	O UNDERTAK
TA IN	40 777 0

#### 00132 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

#### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
January 12 (Month) (Day) , 1851 (Year)
17 I HEREBY CERTIFY, That I attended the decessed from
, 192, to, 192, 192
thet I lest saw h, alive on, 192,
and thet deeth occurred on the date stated above, et
The CAUSE OF DEATH & wes es follows:
Slot you 1 - Slot with a
Abst you ( mushell)
Death live to homisides you mos do.
Contributory Secondary Successful The Successful de Contributory Successful Successful de Contributory Successful de Contributor
(Signed) John W auderson J. P. Celing as Coro M. O.
192 (Address) Demofores Ml.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients, or Recent Residents)
At place of death yrs mos da. State, yrs mos da.
Where wes disease contrected, if not at place of deeth?
Former or usual residence.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Lahorer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc., Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. The material But in many The ques-Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on as probably such, if impossible to determine definitely conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association,) nences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbol's acta-probably suicide. The na-Examples: and quality as accidental, suicidal, or Homicidal, or State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. rhage." "Inanition." "Marasmus." "Old Age." "Shock," vulsions." "Debility" symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men "Uracmia," "Weakness," etc., when a definite discase Dropsy," "Exhaustion," "Heart failure," Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ain—accident: Revolver wound of head—homicide; (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid For "contributory." the injury, as fracture of skull, and consedeath), 29 ds.; Brouchopneumonia cough; Accidental drowning; Struck by railway VIOLENT DEATHS State MEANS OF INJURY for which Chronic valvular heart ("Congenital," "Senile," etc.), surgical operation (R'commendations on state-Example: Measles Always qualify "Coma, was under-"Haemor-Meastes; (second-(disease (merely

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County les le la	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Innopoles (No. 105 1) 2FULL NAME Baby. Darpo	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE.  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH /2 , 1923/
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That Lattended the deceased from  1923/. to fam. 1923/.  That I last saw h alive on fam. 1, 1923/.
7 AGE    If LESS than   I day hrs.   or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs ds,
10 NAME OF FATHER Quest, Jarper	(Signed) for C. A. M. D. M. D. M. D. M. D. M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sebella Mc Yours	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informent) Purs Carper	usual residence
(Address) 106 omproms	Ques 0 0 ( and an 14 , 10 30
15 File far / 3 1923/ fryle & fr & Registrar	mase Jean 9 milletters
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. New Mulpour

(Approved by U. S. Census and American Public Health Association.)

york, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease;

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N. B.--

	PLACE OF DEATH	00134 STATE OF MARYLAND
	County anne arundel	CERTIFICATE OF DEATH
	$\alpha$	Registration Dist. No. 27
	Village or City amapolis (No. En	Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married, Wildowed, Wildowed, Write the word)	16 DATE OF DEATH    10 DATE OF DEATH   28, 1989/  (Month) (Day) (Year)
	G DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec. 1980 to Fan 25, 1981, that I last saw herealive on Fan 25, 1925.
	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
1 11	(a) Trade, profession or particular kind of work  (b) General nature of industry	vente fameriles Mephrele
	business, or establishment in which employed or (employer)	Contributory Contr
	State or country) (State or coun	Secondary Manth (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (Address)
	OF FATHER  Z (State or country)  Manyland  12 MAIDEN NAME  OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted,
	(Informant) Calls in the Best of MY KNOWLEDGE  (Address) Calls in the Best of MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence  19 PLAGE OF BURIAL OR REMOVAL  PATE OF BURIAL  AMBO. 1931
	15 Filed San 29 1923/ France Grant Contract of Registerer	2 Indiestaker Statisty Statisville
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material -Coal minc, etc. Wom-Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," - "Heart Tailure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart discase;

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant: Cook, to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House-Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer. Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-The ques-

Lobar preumonia, Bronchopneumonia ("Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Cronp"); ad term for the same disease. Examples: Cerchiospinal to time and causation), using always the same accent LEE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic cerebio-

> ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "PURPREAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), Poisoned by carbolic acid-probably suicide. The natrain-acoident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease conditions, such as "Asthenia," "Ansemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men FOI VIOLENT DEATHS STATE MEANS OF INJURI for which surgical operation was under-(Recommendations on state-(second-(merely

and approximate the American answered in detail, it will preduce the certificate is permanently filed. tions snawered in detail, it will prevent further correspond-ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

V. S. No. 1

PLACE OF DEATH  County & . A -	O0136 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City olyny's (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED. OR DIVORCED (Write the word) Rugle  Sept 12, 1903  (Month) (Day) (Year)	16 DATE OF DEATH  Jan 29, 1931  January (Month) 29 (Day) 1931 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Dec 1931, to Jan 21, 1931, that I last saw h & alive on Jan 27, 1931,
7 AGE  27 yrs. 4 mos. 17 ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15	(Duration) 2 yrs mos ds.  Contributory Multition (?) Secondary  (Duration) yrs mos ds.  (Signed) L wily C Hammond M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former of usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNOERTAKER
Filed 192/ W. Cally 1872 New York Registrar	John / Slewel So HAT ME
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. 16 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken Spin er (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness ef various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housetired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been clranged gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer etc., Foreman, or At Home, and children, not gainfully emfor many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

spin I meningitis"); Diphtheria (avoid use of "Croup" lever. ed tom for the same disease. Examples: Cerebrospidal EASE CAUSING DEATH (the primary affection with respect to time and causation) using 1-Strt ment of Cause of Death-Name, first, the Dis-Typhoid fover (never report "Typhoid Pneumonia") to time and causation), using always the same accept-(the only definite synonym is "Epidemic ccrebiopneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always gu lify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. Then ture of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of defanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart discase; etc. The contributory

If this certificate is looked over thoroughly and al qu stions essential and must be obtained before the certificate is lin detail, it will prevent further correspondence.

antly filed.

see letter for to elation Feb. 10, 1931

S. No.

PLACE OF DEATH	00137 STATE OF MARYLAND CERTIFICATE OF DEATH
Tacuto & A	Registration Dist. No. 22
Village or City (No. 2FULL NAME Leorge 3.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Auf. 14, 153/
6 DATE OF BIRTH 4 , 1862 (Month) (Day) , 1862	17 I HEREBY CERTIFY, That I atrended the deceased from 1930 to rawy 14, 1931, that I last saw h /M alive on facus 14, 1921,
7 AGE  68 yrs. 5 mos. 10 ds. or min.?	
(a) Trade, profession or particular kind of work	Chronie Myseardilis
(b) General nature of industry business, or establishment in which employed or (employer).	Contributory Pardiae as ama
9 BIRTHPLACE (State or country) Mary Paud	Secondary  (Silned)  (Silned)  Duralion  (Silned)  M. D.
FATHER WILLAM VOTES	Jamy 15/ 1931 (Address) Jambrills, Mg
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wille Worrell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Many land;	At place of deathyrsinosds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	Former or usual residence
(Informant) May July Mil.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAY.  (Aurbrills HIII) 18/1931
Filed Jan 18 tet 1931 11 L. Janes!	Toya Kaiser Jaurel W.d.
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoka St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronie interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronie Example: Measles (disease affection necd etc. The contributory valvular heart disease; Nomenclature not be

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is II this certificate is looked over thoroughly and all qu stions

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### PLACE OF DEATH

County.

Anne Arundel

00138

### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or C	crownsvi]	le (Ntate		tion aims its NAME in-
	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
ssex male	4 COLOR OR RACE black	SSINGLE, SOD MARRIED, WIDOWED, OR DIVORCED (Write the word)		16 DATE OF DEATH January 2nd , 192 31
6 DATE OF B		nown (Day)	, 1 <u>881</u>	I HEREBY CERTIFY, That I attended the deceased from July 23 1920 to January 2nd 19231 that I last saw h im alive on January 2 , 19231
particular k (b) General business, or	profession or aind of work I nature of industry establishment in	mosds. nownds.	If LESS than I dayhrs. ormin.?	
which empl 9 BIRTHPLAC (State or		nd		Contributory Senility Secondary
10 NAME FATHE	OF	der Quick	ley	(Sign dd ) M. D.
OF FA		and		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDI	en name other Agnes	Mears		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTH OF MO (State	36 3	and		At place of death yrs. 5 mos 10 ds. In the State Type to the da.  Where was disease contracted,
(Informa	e is true to the Bes ant) Hospital R ddress) Crownsvi	ecords lle, Mary		if not at place of death?  Former or Baltimore City, Maryland  19 PLACE OF BURIAL OR REMOVAL  Mt Allease Conf Land  20 UNDERTAKER  ADDRESS (2/9)
Filed	un 2 1921 /	ryhe. of	Registrar	Butan Wright Me Elden

If more bianks are needed, address State Registrar, 16 V. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.

ployed, as At school, or At home. Care should be taken er," etc., without more process of minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serund, Cook to report specifically the occupations of persons ondefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, Foreman, (b) Automobile 6 yrs). For many occupations a single word or term on (b) Cotton mill; (a) Salesman. At Home, and children, For persons who have no occupation fuctory. The material not gainfully em-(6) The ques-Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup ed tern for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopheumonia ("Pneumonia,

> "Uraemia." "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion." "Heart failure," "Haemorrhage, stated unless important. Example: Measle's (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of American Medical Association Nomenclature (Recommendations on statement of cause of telanus) may he stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (Peronic valvular heart disease, use of "Tumor" for malignant neoplasms); Measles; ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions," Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be etc. The contributory



FOR BINDING	S IS A PERM VENT ECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E. act statement of OCCUPATION is very important. See instructions on back of certificate.	Villag  3 SEX  6 DAT
MARGIN RESERVED FOR BINDING	WITH UNFADING INKTHIS IS A PERM LENT	should be carefully supplied OF DEATH in plain terms is very important. See inst	parti (b) (c) busin whice
V. S. No. 1	WRITE PI	N. B.—Every item of information of CIANS should state CAUSI statement of OCCUPATION	SFILE STATE OF THE

PLACE OF DEATH		0013	STATE OF	MARYLAND
County U. U.		(3)	CERTIFICAT	E OF DEATH
	F	0 22 1	Registration	Dist. No.
Village or City	Balon To	Oselle grine	Post.) War	d) (If death occurred a hospital or instition, give its NAME stead of street a number.)
	jan g je		***************************************	number.)
PERSONAL AND STATIST		MED	ICAL CERTIFICATE	OF DEATH
Male White	SSINGLE MARBIED, WIEDWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	Jan	7 , 19 <b>5</b> (
6 DATE OF BIRTH	ry 7-, 193	1 Jan	7 1931. to	gended the deceased from 7, 198
7 AGE 1400 P.	(Pay) (Year)	and that death occ	curred on the date state  ATH * was as follows:	ed above, at 7,30 R
MULTINO SOCCUPATION	mos. or min		remater	3
(a) Trade, profession or particular kind of work			Jemalin	o swa
V(b) General nature of industry business, or establishment in which employed or (employer)			(Duration)	yrs. 7 mos
9 BIRTHPLACE (State or country)	m. 6.60	Contributory Secondary	2 (Duration)	yısmos
10 NAME OF CLOW	O Teilly	(Signed)	Melita	g hellan
OF FATHER  (State or country)	stoned.	*State the	state (1) Means of	h, or, in deaths from Injury and (2) Whether
of Mother lice	E. Murray		RESIDENCE (For Hos	pitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	is und!	At place of deathyrs	ln tl	ne tateyrsmos
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE		each?	2 * 2 2 2 * * 0 + 0 2 2 2 2 0 0 2 2 2 0 0 0 0 0 0 0 0
(Informant) alleu	J. Weilly	Former or usual residence		DATE OF BURIAL
(Address) Jo Jell	e Gure Road.	Loud	mark	Jan 9 . 10 3
15 Filed Jan 9 1931 C	nas. N. Brooks,	MERTAKER POPULATE	& D. Home	1422 hight
If more branks are	needed, address State Registr	ar, 16 W. Saratoga St.	, Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emlaborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook. household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of "(Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; ...... (name origin; "Cancer" is less definite; avoid tctanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, pcritonoeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W B.

PLACE OF DEATH County a G G Mid	00140 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24
Village or City amapolished (No	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Muto Strong Midow  (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h La alive on Jan 24, 1931, and that death occurred on the date stated above, at
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mrs. 8 ds.
9 BIRTHPLACE (State or country) Richmond 82 10 NAME OF (O RECLUSION OF OR OR OF OR OR OF OR OR OF OF OR OR OR OF OR OR OF OR OR OR OF OR OR OF OR OR OR OR OF OR OR OF OR OR OF OR OR OF OR	Contributory Secondary  (Duration) 2, yrs mos de.
TATHER & Jobest Samble Cabell  II BIRTHPLACE OF FATHER (State or country)  Piclumond 2  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Masy aset Softwa Cash	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs described with the description of death yrs described with the description of death?
(Informant) Sov-albert C. Ritchie (Address) Anna holis Mid	19 PLOCE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL
15 Filed 2 2 5 1923 / Joseph C. Frageral	DA STATON St., Balton, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very in fortant, so that the relative health Statement of Occupation Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. " etc., For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-37.8). without more precise specification as Day For persons who have no occupation Stehonary fireman, etc. But in many If the occupation has been changed not gainfully em-

Stateme t of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menticitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Typhoid fever (never report "Typhoid Pneumonia").

stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and consequences (e.g., sersis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Hacmorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasins); Massles; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, etc. Whoofing cough; approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY " "Weakness," etc., when a definite disease by or intercurrent) Committee on Chronic salvular heart affection Nomenclature The contributory need disease; not etc., of

If this certificate is looked over thoroughly and all questions analyzed in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

EB 7 193

	YSI	2
WRITE PLACE WITH UNFADING INKTHIS IS A PERMA NT RECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PAYSI-	statement of OCCUPATION is very important. See instructions on back of certificate.
PL	of i	£ 00
WRITE	BEvery Item	statement o
/	ż	

	PLACE OF DEATH  County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	lage or City Crownsville (No. 1 to Hospital  #### Hospital  ###################################	tion, give its NAME in- stead of street and
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE SINGLE, SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH January 22nd , 192 31
6 1	unknown , 1 898 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 31 192 7, to Jenuary 22 , 192 31 that I last saw him slive on January 22 , 192 31
. Ole	If LESS than I day hrs or min.	and that death occurred on the date stated above, at 5 A. m. m. The CAUSE OF DEATH * was as follows:
( b	a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) Unat 11 OW rates de.
9 6	STATE OF COUNTRY)  Laryland	Contributory Secondary  Duration Division ds.
	10 NAME OF Edward Sampson	(Signed) MU Since D.
ENTS	of father Maryland (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER MOTY ?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	of Mother Maryland (State or Country)	At place 3 yrs 2 nos. 21 ds. In the State Isis fe t most e ds.  Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Hospital Records	Former or usual residence Kent County, Laryland.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Crownsville, Mariland	Fountain Com. Kentlohnd Jany 26, 19 31
15	Filed au 23 1931 Off Registrar	W & 12. Parker Unustalis

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD STATES STANDARD STATES STANDARD STATES STANDARD STATES STANDARD STATES STANDARD STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed. as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from busines, that fact may be indicated thus; Farmer (red) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-(b) Grocery; 5/19/31 OF NAME OF

3.

SAMPSON.

Affidavit,

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal and Statement of Cause of Death-Name, first, the Mrs. Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> 10 ds. stated unless important. Example: Meusles (disease Recommendations on statement of cause of telanuls) may be stated under the head of "contributory." "PUERPERAL sephicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," "E:haustion," "Heart failure," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY etc. The "Haemorrhage," contributory

Affidavit,

umler

BENJAMIN

5/19/31, filed

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is ntly filed.

EXACTLY, PHYSI-y classified. Exact CORD be should may n ba that FOR U terms so -THIS peilddus MARGIN RESERVED H in plain t carefully Should E OF DE

PLACE OF DEATH  County A. A. Los.	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Herndale (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give lts NAME Instand of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White Single, Married Wildowed, Word (Write the word)	16 DATE ODDEATH (Month) (Day) (Year)		
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 193/, to 193/, tilat I last saw h alive on 193/.		
7 AGE    If LESS than   day	The CAUSE OF DEATH * was on follows:		
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) Saloon Reeper  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Anknown	Contributory Secondary  Buration)  yrs mos de.  (Signed)  M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)  GRANDING OF MOTHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yes mos. ds. State yes mes. ds.  Where was disease contracted,		
(Informant) Fred Fahat  (Address) 2208 W. Lexington S	if not at place of death?  Former er  usual residence.  18 PLACE OF BURIAL OR REMOVAL  LOUDON JARR DEM JAN 13 1.  20 UNDERTAKER  ADDRESS 3/89.		
Filed & Bright	pharles. Mi will Freak and		

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jereman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accent, ed term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," ele. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., of ..... (name origin; "Caneer" is less definite; avoid letanus) may be stated under the head of "contributory." carbolic acid—probably smeide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage cough; Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular Nomenclature Always qualify all heart not be disense; of the

If this certificate is looked over thoroughly and all questions danswered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate in permanently filed.

FEB 6 19

V. S. No. 1

PLACE OF DEATH	00143 STATE OF MARYLAND
County (1'	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City Muspelis (No 243 Haus	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of strast and
2FUIL NAME Beilleg Isabel	la Sherlack stead of straet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesus 4 COLOR OR RACE 5 SINGLE. MARRIED. Whate Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	I HEREBY CERTIFY, That Pattended the deceased from 1923/. to 1923/. that I last saw h 1 alive on 1923/.
7 AGE [If LESS than	
yrs. 9 mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yes mos de
9 BIRTHPLACE (State or country) Champholis Ulli	Contributory Secondary (Duration) yrs mos
10 NAME OF Edward Shulech	(Signed) Fray 4 C. Fraga M. E. Jan 11/1 1923 (Address) Kullappia mel
US 11 BIRTHPLACE OF FATHER (State or country) Unuaproles "Uld"	*State the Disease Causing Death, or, in deaths from
of MOTHER Tate May	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosdd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Edward Sturlock	Former or usual residence
(Address) amapoles aud.	le da Blys Cent Jany 11, 1931
15 Filed Jun 11 1923/ Joseph C. Jagistrar	John M. Taylor andress
If more bianks are needed, address State Registre	ar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-,,, etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Snock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic affection etc. The contributory valvular heart disease; Nomenclature need not be Measles ; etc., of of the

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1 PLACE OF DEATH County VIIII

92-0

00144

### STATE OF MARYLAND CERTIFICATE OF DEATH

7,00	Registration	Dist. No. 27
Village or City Tort Meade (No.	St.: Ward	(If death occurred in a hospital or institu-
2FULL NAME Codith Frace	Shindlecker	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTAFICATE	OF DEATH
Jemale White Single, Married, Wildowed. Write the word)	16 DATE OF DEATH Aury,	/3 , 192/(Day) (Year)
6 DATE OF BIRTH  July 23, 1899  (Month) (Day) (Year)	that I law saw her alive on	Jany 13, 19231 my 13, 1921,
7 AGE If LESS than	and that death occurred on the date states	d above, at 5, 35 P. m.
33 yrs. 5 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION	llortice and M	itral
(a) Trade, profession or Housework	Deputtiero.	e. /.
(b) General nature of industry		5-
which employed or (employer)	(Duration)	2 / /
9 BIRTHPLACE (State or country) Maryland	Secondary	agestia 4
10 NAME OF Robert Lee allen	(Signed) John M. (O	la fry M. D.
OF FATHER  (State or country)  West Virginia	*State the Lisease Causing Death Violent Causes, state (1) Means of Lacetantal Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
of Mother Mary Elizabeth Senhower	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs	e .teds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	3 - 3 - 3 - 4 - 0 - 7 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
Col However Chindlesland H. C. A.	Former or usual residence	• - • • • • • • • • • • • • • • • •
(Informant) Sgt Harvey Shindlecker, U.S. Army	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Fort George G. Meade, Md.	Hagerstown, Md.	Jan. 15 , 19 31
15 11 100 14/23 100 A Hally.	20 UNDERTAKER	ADDRESS
Filed Jan. 14/31 192 H. H. BAILY, OOD M.C. U.	SA Lloyd Kaiser	Laurel, Md.

if more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; Housemuid. etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Parm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebround fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

If this certificate is looked over thoroughly and all qu stions American Medical Association.) "Enhaustion," "Heart failure," "Maemorrhage, "Shock," "Old Age," "Shock, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; Chronic valvular heart use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) for malignant neoplasms); Measles; Example: Measles (disease etc. The contributory affection need not be Nomenclature disease;

PLACE OF DEATH properly classof of certificate PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED OR DIVORCED pino Write the word (Month) that (Day) (Year) (Month) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED de. or min.? OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Durstion) 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country EA. QQ 10 NAME OF OF 11 BIRTHPLACE OF FATHER (State or country) 30 12 MAIDEN NAME OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER ..yrs......ds. (State or Country) 00 Where was disease contracted, ot if not at place of dea h?... should ent of Every item CIANS sho statement Former or usual residence UNDERTA

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred im a hospital or institution, give its NAME is -stead of street and number.) MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY, That I attended the deceased from \*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

If more banks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of octired 6. yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many 6 Automobile factory. The material As examples: (a) 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEANT CAUSING DEATH (the primary affection with respect to kime and causation), using always the same accepted 'term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anacmia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory Measles

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Dr. Ka. Hammond

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrose in all meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopweumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases 10 ds. Never report mere symptoms or terminal condi-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; Nomenclature of the

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BT

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PL

1PLACE OF DEATH	60147 STATE OF MARYLAND
County L L	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (Insulfate) (No. 10	St.: \ Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED. MAR	192
7 AGE If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?  8 bccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Murclered: stabled in the
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  Jrs
10 NAME OF FATHER HOME Spincer.	(Signed) Amopolis & Common Jan 8 192/ (Address) Amopolis & Common
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sue Clocked.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Place of Allen Conf.	TO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jun 8 1913, Jun 4 e gran & Registrar	20 UNDERTAKER ADDRESS SUPPORTAGES SUPPORTA
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobor pneumonia, Bronchopneumonia ("Pneumonia")

> approved by Committee on American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uxaemia," "Weakness," etc., when a definite disease stated unless important. ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsia, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railmoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature not be

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1931

FPLANTH WITH UNFADING INK-THIS IS A PERMANNIT K.CORD
of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- toolid state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact

3 SEX

Male

7 AGE

6 DATE OF BIRTH

8 OCCUPATION

BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

(a) Trade, profession or

barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

PLACE	OF	DEATH

County, Anne Arundel

black

March

(Month)

83

### STATE OF MARYLAND CERTIFICATE OF DEATH

							-
ea	istr	ation	Dist	No	4	1	,

ven.		C'4	Crownsville S	State	Ho	spi	ta	1
Village	or	City		(INO.		1		

(If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.)

James Spencer <sup>2</sup>FULL NAME

23rd

9 mos. 126

Maryland

Henry Spencer

MARRIED, WIDOWED

OR DIVORCED (Write the word)

(Day)

Laborer

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE | 5 SINGLE, Mal'l' ed (Year) IfLESS than I day hrs.

MEDICAL CERTIFICATE OF DEATH
January 19th , 192 31.
(Month) (Day) (Year)
June 11th 192 3Q. Jan. 19th, 192 31
that I last saw h imalive on Jan. 19th , 192.31
and that death occurred on the date stated above, at 7 P m,
The CAUSE OF DEATH * was as follows:
General Paralysis of the Insane
(Duration) unknown ds. ds.
Syphilias
Contributory
1 2 1 2 2 2 2 2
(Dyation) growth Amos
(Signed) M. D.
Jan. 19 )92 31(Address) Crownsville, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lnjury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs 7 mos. 8 ds. In the Line times ds.
Where was disease contracted, if not at place of death?
Former or usual residence Anne Arundel County, Md.
19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
Brewer Hills Jan 4- 101
20 UNDERTAKER ADDRESS

ENTS OF FATHER Maryland (State or country) 12 MAIDEN NAME C OF MOTHER Bettie ? 13 BIRTHPLACE OF MOTHER Mar /land (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant) (Address) Grounsville Har rland If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No

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fulliess of various pursuits can be known. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planler, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmus reor given up on account of the DISEASE CAUSING DEACH. gaged in domestic service for wages, as Servant, Cooks Howemoid, etc. If the occupation has been changed to report specifically the occupations of persons ten ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the (a) Foremon, (b) Automobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Laborerwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. Wom-Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, fist, the primary affection with respect to time and causation), using always the ann accepted te: 1 for the same disease. Examples: \*Control violation\* fever (tle only definite synonym is "Epidemic cerebre spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor uncumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospitai or institution, give its NAME is-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Dsy) (Month) IlfLESS than 7 AGE I day hrs. \_\_\_min.? ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory Secondary MARGIN 9 BIRTHPLACE (State or country) DO 10 NAME OF FATHER OF .. 1922 (Address) BIRTHPLACE State the Disease Causing Death, of, In Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER (2) Whether (State or country) CAU TIO 12 MAIDEN NAME Hospitals, Institutions, Trans-18 LENGTH OF RESIDENCE (For OF MOTHER ients or Recent Residents) state CCUP/ 13 BIRTHPLACE In the At place OF MOTHER of death .... (State or Country) Where was disease contracted, if not at place of death? usual residence (Informant) CIA 20 UNDERTAKER If more bianks are needed, address State Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH ()(150
1. PLACE OF DEATH	106-00
County a.G.	Registration Dist. No.
	NoSt.,Ward
Village or City 12 mus Home	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrs mos, ds.
2. FULL NAME many & Grandu	1) Mansleyery
$n \mid M \mid$	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Col. OR DIVORCED (write the word)	fan 22 , 1931
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
0/1/	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) While 9 - 1933	l last saw h ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3m.
9   1 day,hrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	were as follows: Carte Bruelitie Save 18
8. Trade, profession, or particular kind of work done, as SPINNER, Child.	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (cily or town) L. L. C. Luy,	The prom
(State or country)	
13. NAME alins pronduce	
14. BIRTHPLACE (city or town) a. G. C. W.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME hear the of aubury	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Menthe offarbury  16. BIRTHPLACE (city or town). La. La. Co. Many	Accident, suicide, or homicide? Date of injury, 19
(Stala or country)	Whera did injury occur?
17. INFORMANT Plans Here Stanbury	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Browns gibros	-
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brail Mich Date fan 24, 1931	- Nature of injury
S IV. B Proper	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER L. M. J. M.	
8 23 219 /20 8 2	(Signed) & The W audeson & P. Goley as Corone
20. FILED Then 2-3 , 193 Registrar.	(Nudress) Con Alalias And
	2411 N. Charles Street, Baltimore, Requesting FU. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T CEIV		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 500 2 A Y	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

N. B.

1PLACE OF DEATH	STATE OF MARYLAND
County anne arunded	CERTIFICATE OF DEATH
	Registration Dist. No. 25
Village or City Drooklyn (No.	St: Ward) (If death occurred in a hospital or institu
2FULL NAME Denny Jacob	Stoll stead of institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Midowed OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 2/, 198 /
6 DATE OF BIRTH  May 5 , 1851	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that last saw him alive on Law , 1923
7 AGE   If LESS than	and that death occurred on the date stated above, at
79 yrs. 8 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Cortic Dang Fatin
(b) General nature of industry	
business, or establishment in which employed or (employer)	Duration)yrsds
9 BIRTHPLACE (State or country) Baltomore	Contributory Secondary  (Duration) yrs mos definition
10 NAME OF FATHER Daniel Holl	(Signed) William De vit
OF FATHER  C (State or country)  Sermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Mary Greiker	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informally John & Stoll	Former or usual residence
(Address) Linthicum Ind	Codor Hell Jan 24, 19.31
Filed /22 1931 Chas H. Brooks M. Registras	John F Danney 715 Light St
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Spinner, (b) Cotton mill; (a) Salésman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. yrs). without more precise specification as Day For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

99

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shoul ent of

statement Every it

15

### 66152 STATE OF MARYLAND

number.)

5	CERTIFICATE OF DEATH			
nd)	Registration Dist. No. 20			
1	St.:	Ward)	(If death occurred a hospital or instition, give its NAME stead of street a	

MEDICAL CERTIFICATE OF DEATH

Village o	r City Jewell	(No	
	Mrs. Mar.	maria	2

PERSONAL AND STATISTICAL PARTICULARS SSINGLE, 3 SEX 4 COLOR OR RACE OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) If LESS than 7 AGE I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAM

6 DATE OF DEATH	3	, 193 (
(Mon	th)(Day)	(Year)
I HEREBY CERTIFY, TH	at 1 attended the	deceased from
Mach 1920 . to	Jan 3	1827
hat I last saw he alive on	L 3	193./
nd that death occurred on the dat	te stated above, at	30 Fm
The CAUSE OF DEATH * was so fol	e insuff	June
Contributory Massela	on) 5 yrs.	mosde
Secondary (Durati	on)yrs	mos. 3 de
Signed) (Address)		M. D
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.		
8 LENGTH OF RESIDENCE (For	Hospitals, Institu	itions, Trans
ients or Recent Residents)		
At place f deathyrsmosds.	In the Stateyrs	de
Where was disease contracted,		

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country

(Address) Filed

20 UNDERTAKER

DDRESS

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, er," etc., without more precise specimeanine, etc. Wom-laborer, Rarm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons Foreman, or At Home, and children, not gainfully em-I'or many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation single word or term on 6 Grocery,

Strtement of Cause of Death—Name, first, the DISEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping ..... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Inanition, Chronic interstitial nephritis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" ("Congenital," approved by (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic " "Marasmus," "Old Age," "Shock, or intercurrent) Committee on "Heart failure," "Ilaemorrhage," Example: Measles (disease etc. affection need valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate to permanently filed.

S. No. 1

PLACE OF DEATH  County Anne Arundel				60153	STATE OF CERTIFICAT	
		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- Cy	Registration	Dist. No
Village	or City Ft. George G. Me 2FULL NAME OLA			**************************************	St.: Ward	d) (If de a hosp tion, g stead numbe
	ERSONAL AND STATIST			MEDIC	AL CEDTIFICATE	
3 SEX Fema	4 COLOR OR RACE		Single	16 DATE OF DEATH	uary 6, (Month)	
6 DATE	April (Month)		(Year) If LESS than I dayhrs.	May 15	CERTIFY, That I at 1	uary 5
(b) Ge busines which	PLACE	School Tea Teach	ing		(Duration) 0	
F	NAME OF ATHER David A.			(Signed) 1923	Eli E. Brown, l (Address) Ft. G	Major eorge
12 N	ALDEN NAME	th Carolin	<b>a</b>	Accidental, Suicidal		
13 E	F MOTHER Octavia T BIRTHPLACE F MOTHER (State or Country) North	. Belvin		ients or Recent Re At place of deathyrs	nosds. In the	
	Neal Thain		LEDGE	if not at place of dea Former or usual residence	h?	DAT
	(Address) Fort Georg	e G. Meade	, Md.	Columbia,		Janua
Filed	January 6 1931 H. H	HAJULIA Baily, Co	1 PARTICIONA	20 UNDERTAKER	r	Lau

60153

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: War	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	, 19 <b>21</b>
	(Day) (Year)
17 I HEREBY CERTIFY, That I :	
May 15 1930 . to Jan	
that I last saw her alive on Janua	
and that death occurred on the date stat	
Carcinoma of Rectum	
(Duration)	) yrs 8 mos 0 ds.
Contributory Secondary	
(Signed) Eli E. Brown, Jan. 6 19231 (Address) Ft.	Major, M.C., USA Deorge G. Meade, Na.
*State the lisase Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ch, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans-
At place of deathyrs,ds.	he stateyrsmosds
Where was disease contracted, if not at place of dea h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Columbia, S. C.	January 8 , 19 31
20 UNDERTAKER	ADDRESS
Llovd Kaiser	Laurel, Md.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cougn; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature " "Convulsions,

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	<sup>1</sup> P Count	LACE	
Vill	age (	or Cit	У.
		2FU	JL
	PE	RSO	N
3 s	ex ma	le	
6 D	ATE	OF BI	RT
7 A	GE		
p (l b	articu o) Ge usines	PATION ade, p lar kin neral s ss, or emplo	na na
9 8	(Sta	PLAC te or c	e ou

1PLAC	E OF	DEA	TH ,	
County	Anife	Ar	und	el

100154

16 DATE OF DEATH

Contributory

Secondary

### STATE OF MARYLAND OF DEATH

(Month) (Day)

I HEREBY CERTIFY, That I attended the deceased from

	011111
)	CERTIFICATE
	Registration

regiotiation -	
137 IV	

MEDICAL CERTIFICATE OF DEATH

Dec. 25th 19230. to January 23 , 192 3]

that I last saw h er alive on January 23 , 192 3]

and that death occurred on the date stated above, at ...

Cerebral Erteriosclerosis

192 3 (Address) Cr

The CAUSE OF DEATH \* was as follows:

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

Crownsville State Hospital

2FULL NAME Mary Thomas

### PERSONAL AND STATISTICAL PARTICULARS

S SINGLE, unknow n 4 COLOR OR RACE SEX MARRIED, emale black WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH

EZ

œ

unknown 850 (Year) (Day) (Month) IIf LESS than 1 day hrs. ds. or min.?

OCCUPATION Unknown (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer) ...

BIRTHPLACE (State or country)

Unknown

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unkno wn

13 BIRTHPLACE OF MOTHER (State or Country)

Unknown

(Informant)	HOSPITAL	Records
(Address)	Cro wnsvi	lle, Maryland
THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) of death yrs mos 29 ds. Where was disease contracted, if not at place of death?.... Dorchester County Many BURIAL OR REMOVAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, House er, etc., without laborer, Laboreradditional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusine, that fact may be indicated thus; Furner (so to report specifically the occupations of household only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -('oal minc, etc. Wom-As examples: (a. (6) persons en-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia");

> diseases resulting from childbirth or miscarriage as "Puerperal septionomia." "Puerperal personitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury (secondar, or intercurrent) affection need not be Whooping "Atrophy:" "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Mcasles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSIN. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PL.

	PLACE OF DEATH County Assacpolis and annale	90155 STATE OF MARYLAND CERTIFICATE OF DEATH	
	County Musiques unu cumer	Registration Dist. No. 77	
	Village or City Christopolis (No. Junger	St.: 2 Ward) a hospital or institution, give its NAME instead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
200	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Marked WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 29, 198 (Month) (Day) (Year)	
	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last sow h handlive on June 28, 1924.	
de la company	7 AGE  5 3 yrs. 6 mos. 26 ds. or min.?		
000	(a) Trade, profession or Pufus of O. G. Co.  (b) General nature of industry	Gribal Hemanhage +	
Tan	business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.	
statement of occuration is very impor	9 BIRTHPLACE (State or country) a. G. G. Co. Wd.	Contributory Sesondary School (Duration)  Not Knawn de	
	10 NAME OF WM Henry Luchur	(Signed) Wallon It Hoffen M. D. M. D	
	State or country) Q Q, Co, Uyd, C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs de. State yrs de. de. State de. de. de. de. de. de. de. de. de. de	
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, in auto if not at place of death?  Former or	
	(Informant) Legale C. Luchus (Address) J. G. Co. M.d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	15 File Jan 3D 1923/ Fray 6 C. J. 47	John My Lay la Compoli	
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired frpm Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, " etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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15

PLACE OF DEATH								
	County all Crundel							
Vil	Village or City comberstone (No.							
-	PERSONAL AND STATISTICAL PARTICULARS							
3 5	4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word)							
6 1	DATE OF BIRTH							
	(Month) (Day) (Year)							
7 A								
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)								
9 E	(State or country) Mary laced							
	10 NAME OF FATHER Polly Lecrus							
RENTS	11 BIRTHPLACE OF FATHER (State or country) Mareylane of							
PARE	12 MAIDEN NAME Pauline Affregge							
	13 BIRTHPLACE OF MOTHER (State or Country)  Clary Care of							
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE							
(Informant) Herricas Aprings.								
	(Address) - cecetors had breef							

60156 STATE OF MARYLAND

MEDICAL CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registration Dist. No. 20

(If death occurred In Ward) a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from that I last saw h \_\_\_\_alive on \_\_\_\_\_, 192....., and that death occurred on the date stated above, at The CAUSE OF DEATH \* Contributory Secondary (Signed) (Address) ..... \*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury or, In (2) Whether and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place Where was disease contracted, if not at place of death?...

usual residence.

ADDRESS

Requesting V. S. No. 1. If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto.,

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmen or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) whatever, write None. to report specifically the occupations of persons enborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permahently filed.

LACE OF DEATH				
	LACE	OF	DEATH	

4 COLOR OR RACE

black

PERSONAL AND STATISTICAL PARTICULARS

unknown

(Month)

Unknown

Unknown

Unknown

Unknown

Unknown

Records

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Crownsville NState Hos

5 SINGLE, MARRIED,

Unknown

WIDOWED, OR DIVORCED

(Write the word)

(Day)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Anne Arundel

2FULL NAME

County

Village or City

3 SEX

7 AGE

ENTS

r

PA

female

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work

(State or country)

10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER

(Informant)

Filed

(State or country) 12 MAIDEN NAME

(State or Country)

(b) General nature of industry business, or establishment in

which employed or (employer)

60161

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Ho spit	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
LARS	MEDICAL CERTIFICATE OF DEATH
dowed, 1 881 (Year)	16 DATE OF DEATH  January 20th  (Month)  (Month)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Sept. 29th  1920. to January 20th, 1923  that I last saw her alive on January 20th, 1923  and that death occurred on the date stated above, at 10.15P are The CAUSE OF DEATH * was as follows:
or min.?	Cerebral Arteriosclerosis
	Contributory Senility Secondary  (Signal Andrews) Crownsyille Md.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 3 mos. 23 ds. State Disknown death where was disease contracted.
EDGE	Where was disease contracted, if not at place of death?  Former or Baltimore City, Naryland usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
arland	20 UNDESTAKER  Out Waterbroom

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Plunter, Foreman, For many occupations a single word or term on or Al yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, Home, and children, not gainfully em-For persons who have no occupation 6 Automobile factory. The material Laborer-Coul mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted team for the same disease. Examples: Cerebrospinal fever 'the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the partial is essential and must be obtained before the certificate is permanently filed. "PUERPERAL septicuemia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "F:haustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilway train-Whooping ...... (name origin; "Cancer" is less definite; avoid (secondar/ "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need not be as the cause. Chronic valvular heart disease; ncphritis, etc. The contributory Always qualify all

B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PRYSI-CIANS should state CAUSE CF DEATH In pigin terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD KENJ BINDING I, WITH UNFADING INK--THIS IS A PERI MARGIN RESERVED FOR Р WRITE ď

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PLACE OF DEATH	0016 STATE OF MARYLAND
County 6 - Cu - Lo	CERTIFICATE OF DEATH
man al mad	(30) Registration Dist. No.
Village or City// lellery velle (No. ///	St: Ward) (If d-ath occurred in a hospital or institu-
2FULL NAME Esebella M	Lion are the stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemalo, Color or RACE SINGLE, MARRIED, Manue J. Color or RACE (Wildowed)	16 DATE OF DEATH 4-86, 192 (Month) 4 (Day) 193 (var)
6 DATE OF BIRTH Unknow, 1	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw had talive on
7 AGE about	
yrs. mos. ds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cente Mephritis
business, or establishment in which employed or (employer)	(Duration) yrs. mos A3 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Perbeet Parker.	(Signed) Duration yrs mos ds.  (Signed) Mr D.
S 11 BIRTHPLACE OF FATHER (State or country) U  O  O  O  O  O  O  O  O  O  O  O  O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
OF MOTHER O Legal Pranchise	AS LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Wash Larbers	Former or usual residence
(Address) amps Darole ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jun 6 19231 Josepho C. Josepho Medistras	To unoestaker Siensa 34 Mithwest It
If more b.anks are needed, addre.s Ltate Registra	r, 18 W. Saratoga St., Balto., Lequesting V. S. ivo. 1

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cl whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISAEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrophol fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature (Recommendations on statement of cause of death telands) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic varuum.

menhritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH  County a a	00157 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City and applie (No. Engle 2FULL NAME Ray Tyle	Registration Dist. No. 2/  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (meral) 6, 1921
6 DATE OF BIRTH 26 , 19/9 (Month) (Day) (Year)	that I last saw h was alive on Jay 10 1922
7 AGE // yrs. // mos. /5 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Nuftice the affected)
9 BIRTHPLACE (State or country)  (State or country)	Contributory Secondary (Peulaulus (genulalized)
10 NAME OF FATHER lellaren Tyler	(Signed) (Signed) (Address) M. D. M.
OF FATHER (State or country) a a co on 12  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER OSTGILL, X OOCE 1  13 BIRTHPLACE OF MOTHER (State or Country) a. a. co	ients or Recent Residents)  At place of deathyrsmosds,
(Informant) Vergie V. Tyler	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Jelehouts a. a. Co m	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  May  ADDRESS  ADDRE
15 Filed 12 1923/ Juny 6 8. 47 4 20 Régistrar	B 4. Hoffing anagoni
If mora bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Bequesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return". Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. to report specifically the occupations of persons en-" etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

V. S. No. 1

PLACE OF DEATH  County Onn Orwindel.  Village or City Lenthean Hts (No	St: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal, 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (24. 2 , 192) (Month) (Day) (Year)
6 DATE OF BIRTH  74. 19 , 1865  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  188 to 2 , 198 , that I last saw h alive on an 2 , 196 ,
7 AGE    If LESS than   day hrs.   day hrs.   ds.   or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:  Lemenare & My Brain
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed) (Duration) (D
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  Filed for 2 2 1923 / Franch C. Franch M.  Registrar  If more branks are needed, address State Registrar	where was disease contracted, if not at place of death?  Former or usual residence  ISPLACE OF BURIAL OR REMOVAL  THE PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  ALL  ADDRES

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Civil engineer, Stationory fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Former freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Form loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Salesmon. (6).. Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic deretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Traemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of idianus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. discases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, corbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

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V

	PLACE OF DEA	ATH . Arundel			STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/2
Vi	llage or CityC		lle <sub>N</sub> Stat Willia		St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND	STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
	male blac		SSINGLE, MARRIED, ME WIDOWED, OR DIVORCE (Write the word	D	January 14th 192 31 (Month) (Day) (Year)
	DATE OF BIRTH	un] (Month)	(Day)	(Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec. 6th 192 9 to January 14 , 192 3 that I last saw h 1 Malive on January 14 , 192 3 and that death occurred on the date stated above, at 11:45 A am
リーリー	OCCUPATION (a) Trade, profession operticular kind of work (b) General nature of industries, or establishme which employed or (emp	r ndustry nt in	Labore:		General Arteriosclerosis  (Duration) Uninown da Contributory Secondary
	(State or country)  10 NAME OF FATHER	Maryla			(Signal Mulk Profession M. D. M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Unknov			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
О.	13 BIRTHPLACE OF MOTHER (State or Country)	Maryla			At place 1 yrs 1 mos 8 ds. State 1 in the State 1 where was disease contracted.
14	(Informant)  (Address)	spital	Records		Former or Baltimore City, Maryland usual residence Burial OR REMOVAL DATE OF BURIAL

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

·work, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plunter, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If ret ployed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING PEACE Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coul mine, etc. Wonithat fact may be indicated thus; Farmer without more precise specification as Day For persons who have no occupation,-Locomotive engineer, (b) Grocery, wollips.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Cropp"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar / Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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1	T Z
CORD	d EXACTLY, riy classified tificate.
INT	d be state y be prope ack of cer
A PEKW	E should
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WRITE FU. WITH UNFADING INKIHIS IS A PERM ENI CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHY; CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exactement of OCCUPATION is very important. See instructions on back of certificate.
WIIH	CAUSE OF
	inform state
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WKII	any iter ANS statement
	Ci.

1PLACE OF DEATH	001	60 STATE OF MARYLAND
County Anne Arundel	(50)	CERTIFICATE OF DEATH
	30)	Registration Dist. No.

Vi	llage or City Johnson <sup>†</sup> <sup>2</sup> FULL NAME	Josephine G. Wa	St.: War	d) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
A.007	PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	emale negro	WIDOWED.	16 DATE OF DEATH January (Month)	
6	DATE OF BIRTH	Interven 1860 Month) (Day) (Year)	17 I HEREBY CERTIFY, That I a December I5 1920 to Ja	nuary Ist , 1921
8	OCCUPATION	If LESS than I dayhrs ormin.i	. The CAUSE OF DEATH * was as follows:	
The state of the s	(b) General nature of industry		Secondary	ocarditis
ENTS	10 NAME OF FATHER PETTY B  11 BIRTHPLACE OF FATHER (State or country) Md.	rown	indefinite (Duration)  (Signed)	M.D. asadena, Md.
PAR	13 BIRTHPLACE OF MOTHER (State or Country)	rah Hassel	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	he tateds
14		Watts	Former or usual residence	
15	(Address) P. 0	Z.a. Blegg. w.	Mt. Auburn Cemetery 20 UNDERTAKER J. H. Toadvin	ADDRESS
	If more biank	a are needed, addresa State Registra	r, 16 W. Saratoga St., Balto., Requesting V	

(Approved by U. S. Census and American Public Health Association.)

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